

Mason's Tax & Bookkeeping Solutions

TAX ORGANIZER

Please attach any W2, Social Security statements, 1099-R, 1099-DIV/INT, 1099-G, and 1099-MISC's to this organizer.

Interest Expense

1st Mortgage _____

2nd Mortgage _____

Charitable Contributions

Cash: _____

Non-Cash: _____

Sale of Assets, Homes, Stocks, Etc. (Attach Documents!)

Description: _____

Taxes Paid

Description: _____

Sales/TAVT/Ad Valorem: _____

Estimated Quarterly Tax Payments

Date Paid: _____

Federal: _____

State: _____

Medical Expenses (1095-A is required for Marketplace insurance!)

Premiums: _____

Expenses: _____

Mileage: _____

1099-NEC - Self-Employment Business Income & Expenses

Business Name/Services: _____

Owner: _____

Income/Revenue: _____

Expenses:

Advertising: _____ Professional Fees: _____

Bank Fees: _____ Rent: _____

Commissions: _____ Rental Equipment: _____

Contract Labor: _____ Repairs & Maintenance: _____

Dues & Subscriptions: _____ Supplies: _____

Insurance: _____ Taxes & Licenses: _____

Interest: _____ Telephone: _____

Materials: _____ Travel: _____

Meals (50%): _____ Office: _____

Other (Explain): _____

Home Office - Total Sq. Ft: _____ Sq Ft. Used For Office: _____

Total Miles Driven: _____

Business Miles @ .67/miles _____

Net Profit/Loss: _____

I hereby verify that the information provided on this worksheet is accurate and complete. I understand it is my sole responsibility and my continuing obligation to include any and all information concerning deductions and other information necessary for the preparation of my personal income tax return. I have not overstated these deductions and acknowledge that false information on a tax return could constitute a federal crime.

Signature _____

Date _____