

Tax-Masters, Inc
Established 1977

Complete Realtor Organizer

Tax-Masters, Inc.
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Taxpayer

Full Name _____
Occupation _____
SSN# _____
Date of Birth _____
Daytime # _____
Mobile # _____
Fax # _____
Email _____

Spouse

Full Name _____
Occupation _____
SSN# _____
Date of Birth _____
Daytime # _____
Mobile # _____
Fax # _____
Email _____

Current Address _____ APT# _____
City _____ State _____
Zip _____
COUNTY _____

Have you moved since filing
your last return? _____

Date of Move _____

Dependents

Legal Name	Birthdate	SSN#

Total Fee \$ _____

Adjustments _____

Total Due _____

Payment 1 _____

Payment 2 _____

Payment Info

Checking account:
Routing Number _____ Account Number _____

Or

Credit Card Number* _____
Expiration Date _____ Billing Zip Code _____

Medical Expenses

	Taxpayer	Spouse
Prescriptions		
Doctor / Dentist Visits		
Eye Care Costs		
Hospitals / Nursing Homes		
Medical Insurance*		
Long Term Care Premiums		
Out of Pocket Expenses		
Medical Miles Driven		

*Do not include premiums paid for with pre-tax dollars or Medicare parts B or D that are shown on form SSA-1099

Interest Paid

	Primary Res	2nd Res
Real Estate Taxes		
Personal Property Taxes		
First Mortgage		
Second Mortgage		
Home Equity Line		
Home Equity Line Principal Balance		
Points Paid		
Investment Interest		

If you have purchased any new properties this year please provide us with a copy of your HUD-1

Miscellaneous

	AMOUNT
Job Search Expenses	
Tax Prep Fees	
Investment Expenses	
Safe Deposit Box Fees	
IRA / Brokerage Fees	
Gambling Losses	

Charitable Contributions

	AMOUNT
Cash/ Checks/CC (Receipts Req'd)	
Churches / Synagogues	
Non Cash (Please Provide Receipts)	

ESTIMATED TAX PAYMENTS

	FEDERAL	DATE PAID	STATE	DATE PAID
Amount Applied From Previous Year				
First Quarter				
Second Quarter				
Third Quarter				
Fourth Quarter				
Amount Paid with Extension				

Name _____ Income _____ Tax Year _____

PROFESSIONAL EXPENSES

Advertising / Marketing	
Bank Charges	
Commissions Paid to Others*	
Subcontracted Labor*	
Dues / Subscriptions	
Insurance (E&O / Umbrella Policy)	
Legal Fees	
Office Expense / Desk or Office Fees	
Postage / Courier / FedEX / Shipping	
Photocopying / Printing	
Rent (office, equipment, etc)	
Repairs	
Supplies	
Licenses	
Business Meals and Entertainment	
Gross Wages	
Payroll Taxes (Employer Portion)	
Employee Benefits	
Benefit Plan Set-Up	
Other _____	

BUSINESS TRAVEL EXPENSES

Airfare / Train	
Car Rentals / Gas / Insurance	
Taxis / Uber / Shuttles	
Lodging / Tips	
Meals (While on Travel)	
Entertainment (While on Travel)	
Dry Cleaning (While out of town)	
Number of Days out of town	

REALTOR EXPENSES

Appraisal Fees / Home Warranties	
Bookkeeping Fees*	
Business Cards	
Client Accommodations	
Client Gifts (\$25 per client per year)	
Client Moving / Storage Expenses	
Continuing Education / Coaching	
Flowers / Cards	
GCAAR/ HCAAR / PGCAAR	
Keys / Locksmiths/ Lockboxes	
MRIS / MLS	
Open Houses / Broker Opens	
Professional Memberships	
Publications / Books	
Sales Assistants / Clerical*	
Signs / Flags / Banners	
Software Subscriptions	
Staging	
Tax Preparation	
Virtual Assistant	
Other _____	

COMMUNICATION EXPENSES (BIZ USE ONLY)

Mobile Phone / Wireless Data		See Note 1
Fax / Second Line		
Long Distance		
Webpage / Hosting		
Internet Service		

Note 1: You must have a separate personal cell/ phone/ wireless device or have the phone billed to your business account to claim 100% of this expense

*For this and other items where services were purchased by your business, did you issue form(s) 1099-Misc to all providers to whom you paid \$600 or more? YES _____ NO _____

Note: By completing this form you certify that the entries can be substantiated by documentation. You are advised to retain and possess all receipts and back up for at least 5 years after filing this year's tax return.

Name _____

Tax Year _____

VEHICLE EXPENSES	
Description of Auto	
Date Purchased	
Purchase Price (Including Tax)	
Date Placed in Business Use	
Odometer - BEGINNING OF YEAR	
Odometer - END OF THE YEAR	
Total Miles This Year	
Business Miles	
Commuting Miles	
Daily Average Round Trip Commute	
Personal Miles	
Is Car Leased?	
Is Car Owned?	
Depreciated in Prior Years? (Y / N)	
Parking and Tolls	
Gas / Oil / Lube	
Repairs and Maintenance	
Tires	
Insurance	
Towing	
Warranty	
Inspection	
Car Washes	

VEHICLE EXPENSES (Continued)	
Auto Club Memberships	
Auto License / Tags	
Personal Property Taxes	
Interest (Auto Loan)	
Lease Payments	
Other _____	
Other _____	

EQUIPMENT AND SOFTWARE		
ITEMS	Cost	Date of Purchase
Attache / Brief Case		
iPad / Tablet		
Camera		
Mobile Phone		
Computer		
Scanner / Fax Machine		
File Cabinets		
GPS Unit		
Office Furniture		
Printer / Copier		
Software		
Other _____		
Other _____		

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Name _____

Tax Year _____

Is the area used exclusively for Business? YES _____ NO _____

If the area is not exclusively used for business you cannot claim this deduction.

SELF-EMPLOYED BUSINESS USE OF HOME EXPENSES

	AMOUNT	REMARKS
Area Used for Business (Square Feet)		
Total Living Area in Home (Square Feet)		
1 st Mortgage Interest		
2 nd Mortgage Interest		
Equity Line Interest		Enter total interest paid this year. Please provide principal amount of original loan and the amount used for improvement
Real Estate Taxes		
Mortgage Insurance		
Home Owner's or Renter's Insurance		
Rent Paid (If Renting)		
General Repairs (Plumber, Electrician, Etc...)		Provide description, amount and date of repairs
Repairs to Office Area		Provide description, amount and date of repairs
Cleaning / Maintenance		Do not include lawn care / snow removal
Utilities (Gas, Oil, Electric, Water)		
Condo Fees / HOA Dues		
Trash Collection Fees		
Security System Monitoring		
Pest Control		
Other Expenses _____		

DETAILS REGARDING YOUR HOME

	AMOUNT	REMARKS
Date Placed in Service for Business Use		
Date of Purchase		
Purchase Price of Your Home		Please Provide a copy of your HUD-1
Value of Land at Time of Purchase		We may be able to look this up for you.
Improvements		Provide description, amount and date of improvements

Note: By completing this form you certify that the entries can be substantiated by documentation. You are advised to retain and possess all receipts and back up for at least 5 years after filing this year's tax return.

Address of Property 1

Address of Property 2

Address of Property 3

	Property 1	Property 2	Property 3
Rent / Income Received			
Advertising			
Association Dues / Condo Fees			
Auto (Miles Driven)			
Overnight Travel			
Cleaning and Maintenance			
Commissions / Fees			
Insurance / PMI			
Legal and Professional Fees			
Licenses and Permits			
Management Fees			
Mortgage Interest			
Other Interest			
Repairs / Improvements (Provide Description, Date, and Cost for each Item)			
Supplies / Tools			
Taxes			
Utilities			
Other Expenses			
Date Placed in Service*			
Was the Property Sold this year			

*If the property was placed into service this year or refinanced this year please provide HUD 1s or related information.
New Clients - Please provide depreciation worksheets from your previous tax preparer

Property	Description of Repair or Improvement	Date	Cost

Note: By completing this form you certify that the entries can be substantiated by documentation.