

**ADVISORY TAX SERVICE, INC.**  
**500 S.E. 17<sup>TH</sup> STREET #220**  
**FT. LAUDERDALE, FLORIDA 33316**  
**WWW.MYTAXGURU.COM**  
**T (954) 763-2829/ F (954) 763-2825**

*2007 TAX ORGANIZER*

(H) NAME \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_  
(W) NAME \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_  
HOME # \_\_\_\_\_ WORK TELEPHONE # \_\_\_\_\_  
CELLPHONE # \_\_\_\_\_ E-MAIL \_\_\_\_\_

DEPENDENT'S NAME \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_  
DEPENDENT'S NAME \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_  
ADDRESS \_\_\_\_\_

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H/W	W-2	<b><u>EMPLOYMENT EARNINGS</u></b>	<i>ENCLOSE A COPY</i>
H/W	1099-INT	<b><u>INTEREST INCOME</u></b>	<i>ENCLOSE A COPY</i>
H/W	1099-DIV	<b><u>DIVIDEND INCOME</u></b>	<i>ENCLOSE A COPY</i>
H/W	1099-B	<b><u>SALE OF SECURITIES</u></b>	<i>ENCLOSE A COPY</i>

**MISCELLANEOUS INCOME:**

ALIMONY AMOUNT RECEIVED \_\_\_\_\_  
STATE REFUND \_\_\_\_\_  
UNEMPLOYMENT \_\_\_\_\_  
GAMBLING INCOME \_\_\_\_\_  
JURY DUTY \_\_\_\_\_  
RETIREMENT INCOME \_\_\_\_\_  
SOCIAL SECURITY \_\_\_\_\_

NAME \_\_\_\_\_ TELE # \_\_\_\_\_ EMAIL \_\_\_\_\_

**(A) MEDICAL DEDUCTIONS: PLEASE LIST OUT THE FOLLOWING:**

PLEASE TOTAL THE AMOUNT OF ALL DOCTORS, PRESCRIPTIONS,  
PSYCHOLOGISTS, DENTIST, HOSPITAL, EYEGLASSES, ETC. \_\_\_\_\_

*MEDICAL INSURANCE* \_\_\_\_\_

TOTAL MILES BETWEEN  
YOU AND EACH DOCTOR \_\_\_\_\_

**(B) HOUSING INFORMATION**

REAL ESTATE TAXES PAID \_\_\_\_\_

HOMEOWNER'S INSURANCE \_\_\_\_\_

MORTGAGE INTEREST \_\_\_\_\_

CREDIT CARD INTEREST \_\_\_\_\_

**RETIREMENT INFORMATION:**

(H) TRADITIONAL IRA CONTRIBUTION \_\_\_\_\_

(W) TRADITIONAL IRA CONTRIBUTION \_\_\_\_\_

(H) ROTH IRA CONTRIBUTION \_\_\_\_\_

(W) ROTH IRA CONTRIBUTION \_\_\_\_\_

EDUCATIONAL IRA CONTRIBUTION \_\_\_\_\_

SEP/SIMPLE/503B CONTRIBUTION \_\_\_\_\_

**( C ) CHARITABLE CONTRIBUTIONS**

CASH CONTRIBUTIONS \_\_\_\_\_

NON CASH CONTRIBUTIONS: PLEASE LIST THE NAME OF THE CHARITY,  
WHAT WAS GIVEN, THE DATE AND THE VALUE OF THE CHARITY, ALSO  
ENCLOSE THE RECEIPT

**CHILD CARE EXPENSES**

NAME OF DAY CARE PROVIDER \_\_\_\_\_

ADDRESS \_\_\_\_\_

IDENTIFICATION NUMBER \_\_\_\_\_ AMOUNT \_\_\_\_\_

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**YACHTING RELATED QUESTIONS**

(H) NAME \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_  
(W)NAME \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_  
HOME # \_\_\_\_\_ WORK TELEPHONE # \_\_\_\_\_  
CELLPHONE # \_\_\_\_\_ E-MAIL \_\_\_\_\_

PLEASE PROVIDE ME WITH THE FOLLOWING INFORMATION::

- 1) CALENDAR OF PORTS OF CALL FOR THE CURRENT YEAR
- 2) CALENDAR OF PORTS OF CALL FOR THE LAST TWO YEARS
- 3) AN ESTIMATED CALENDAR OF PORTS OF CALL FOR THE YEAR TO COME
- 4) HIGHLIGHT THE DAYS IN THE U.S.A. AND CIRCLE THE VACATION DAYS
- 5) COPY OF YOUR DRIVER'S LICENSE
- 6) IF YOU ARE PAID IN CASH, PLEASE PROVIDE ME WITH A COPY OF ALL YOUR BANK STATEMENTS FROM JANUARY THRU DECEMBER
- 7) ARE YOU A US CITIZEN?, IF NOT WHAT COUNTRY \_\_\_\_\_
- 8) IS YOUR SPOUSE A US CITIZEN?, IF NOT WHAT COUNTRY \_\_\_\_\_
- 9) NAME OF THE YACHT \_\_\_\_\_
- 10) IS THE YACHT A FOREIGN OR US FLAGGED VESSEL, IF FOREIGN, WHAT COUNTRY? \_\_\_\_\_
- 11) WHAT IS YOUR MONTHLY SALARY? \_\_\_\_\_
- 12) DUTIES AND OR POSITION FOR THE YACHT(CAPTAIN OR CHEF) \_\_\_\_\_
- 13) IS THE PAYING AGENT PAYING YOU FROM A DOMESTIC CORPORATION, US CITIZEN OR TRUST, OR FROM A FOREIGN CORPORATION, FOREIGN INDIVIDUAL OR TRUST \_\_\_\_\_
- 14) GOALS IN YACHTING, FOR EXAMPLE WOULD YOU LIKE TO BE A CAPTAIN, OR TO RETIRE FROM YACHTING IN A FEW YEARS? \_\_\_\_\_
- 15) DOES THE BOAT REIMBURSE YOU FOR EXPENSES THAT YOU PERSONALLY PAID FOR OR DO YOU HAVE A BOAT CREDIT CARD? \_\_\_\_\_
- 16) HOW IS CASUAL LABOR PAID FOR YOUR ACCOUNT OR THE BOATS?
- 17) PLEASE LIST A US CONTACT, THEIR NAME, ADDRESS, AND PHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ TELE # \_\_\_\_\_ EMAIL \_\_\_\_\_

WHAT HAPPENED THIS YEAR DIFFERENT THAN LAST YEAR?, DID YOU BUY OR SELL A HOUSE?, DID YOU MARRY OR DIVORCE?, DID YOU GET A NEW JOB?

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DO YOU HAVE A FLORIDA DRIVERS LICENSE?	YES OR NO?
DO YOU HAVE A FLORIDA WILL?	YES OR NO?
DO YOU HAVE A FINANCIAL PLAN?	YES OR NO?
DO YOU HAVE LIFE INSURANCE?	YES OR NO?
DO YOU HAVE DISABILTY INSURANCE?	YES OR NO?
DO YOU HAVE MORE THAN \$20,000 IN INVESTMENTS?	YES OR NO?
WOULD YOU LIKE INFO ON MORTGAGE RATES?	YES OR NO?
WOULD YOU LIKE INFO ON INSURANCE RATES?	YES OR NO?

WHAT FINANCIAL INFORMATION WOULD YOU LIKE TO RECEIVE? \_\_\_\_\_

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WHAT TAX QUESTIONS DO YOU HAVE?

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WHAT WILL HAPPEN NEXT YEAR THAT MAY EFFECT YOUR INCOME? \_\_\_\_\_

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WHAT INSURANCES WOULD YOU LIKE IFO ABOUT? (AUTO, HOME, LIABILITY)

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ARE YOU PLANNING ON PURCHASING A HOME, REFINANCING? YES OR NO?

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NAME \_\_\_\_\_ TELE # \_\_\_\_\_ EMAIL \_\_\_\_\_

**ADVISORY TAX SERVICE- T 954-763-2829 F 954-763-2825**

**BUSINESS EXPENSES**

ACCOUNTING \_\_\_\_\_  
ADVERTISING \_\_\_\_\_  
AUTO EXPENSES \_\_\_\_\_ (GAS, INSUR, R/M)  
AUTO LEASE / PAYMENT \_\_\_\_\_ (CIRCLE ONE)  
BANK CHARGES \_\_\_\_\_  
BOOKKEEPING \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
CLEANING \_\_\_\_\_  
COMMISSIONS \_\_\_\_\_  
CONTRACT/ DAY LABOR \_\_\_\_\_  
DUES/SUBSCRIPTIONS \_\_\_\_\_  
EDUCATION/SEMINAR \_\_\_\_\_  
ENTERTAINMENT \_\_\_\_\_  
EQUIPMENT \_\_\_\_\_ LIST ON SEP SHEET  
EQUIPMENT RENTAL \_\_\_\_\_  
GIFTS \_\_\_\_\_ \$25 PER GIFT LIMIT  
HOTEL \_\_\_\_\_  
INSURANCE \_\_\_\_\_  
LIFE INSURANCE \_\_\_\_\_  
HEALTH INSURANCE \_\_\_\_\_  
LICENSE/FEEES \_\_\_\_\_  
MEALS \_\_\_\_\_  
MEDICAL EXPENSES \_\_\_\_\_  
OFFICE \_\_\_\_\_  
POSTAGE \_\_\_\_\_  
PROMOTION \_\_\_\_\_  
RENT \_\_\_\_\_  
REPAIRS \_\_\_\_\_  
SAFETY EQUIPMENT \_\_\_\_\_  
SMALL TOOLS \_\_\_\_\_  
SOFTWARE \_\_\_\_\_  
SUBCONTRACTORS \_\_\_\_\_  
SUPPLIES \_\_\_\_\_  
TELEPHONE \_\_\_\_\_  
TOLLS/PARKING \_\_\_\_\_  
TRAVEL \_\_\_\_\_  
UTILITIES \_\_\_\_\_  
(HUS) TOTAL MILES PER AUTO \_\_\_\_\_ BUS % \_\_\_\_\_  
(WIF) TOTAL MILES PER AUTO \_\_\_\_\_ BUS% \_\_\_\_\_

**ADVISORY TAX SERVICE- T 954-763-2829 F 954-763-2825**

NAME \_\_\_\_\_ TELE # \_\_\_\_\_ EMAIL \_\_\_\_\_

<b><u>RENTAL PROPERTY</u></b>	<b>A</b>	<b>B</b>	<b>C</b>
RENTAL INCOME	_____	_____	_____
ADVERTISING	_____	_____	_____
BANK CHARGE	_____	_____	_____
CLEANING	_____	_____	_____
CLOSING COSTS	_____	_____	_____
ELECTRICAL	_____	_____	_____
IMPROVEMENTS	_____	_____	_____
INSURANCE	_____	_____	_____
INTEREST	_____	_____	_____
LANDSCAPING	_____	_____	_____
LAWN MAINT	_____	_____	_____
LEGAL	_____	_____	_____
MANAGE FEE	_____	_____	_____
PLUMBING	_____	_____	_____
POOL	_____	_____	_____
REPAIRS	_____	_____	_____
ROOF	_____	_____	_____
TAXES	_____	_____	_____
UTILITIES	_____	_____	_____
WATER	_____	_____	_____
WINDOWS	_____	_____	_____
LOAN BALANCE	_____	_____	_____
NAME OF BANK	_____	_____	_____
INTEREST RATE	_____	_____	_____

NAME \_\_\_\_\_ TELE # \_\_\_\_\_ EMAIL \_\_\_\_\_

**ADVISORY TAX SERVICE- (T) 954-763-2829 (F) 954-763-2825**  
**YACHTING BUSINESS EXPENSES**

ACCOUNTING \_\_\_\_\_  
AUTO EXPENSES \_\_\_\_\_ (GAS, INSUR, R/M)  
AUTO LEASE / PAYMENT \_\_\_\_\_ (CIRCLE ONE)  
BANK CHARGES \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
CLEANING \_\_\_\_\_  
COMMISSIONS \_\_\_\_\_  
CONTRACT/ DAY LABOR \_\_\_\_\_  
DIVE GEAR \_\_\_\_\_  
DUES/SUBSCRIPTIONS \_\_\_\_\_  
EDUCATION/SEMINAR \_\_\_\_\_  
ENTERTAINMENT \_\_\_\_\_  
EQUIPMENT \_\_\_\_\_ LIST ON SEP SHEET  
EQUIPMENT RENTAL \_\_\_\_\_  
FISHING GEAR \_\_\_\_\_  
FOUL WEATHER GEAR \_\_\_\_\_  
GIFTS \_\_\_\_\_ \$25 PER GIFT LIMIT  
HOTEL \_\_\_\_\_  
INSURANCE \_\_\_\_\_  
HEALTH INSURANCE \_\_\_\_\_  
LIFE INSURANCE \_\_\_\_\_  
LICENSE/FEEES \_\_\_\_\_  
MEALS \_\_\_\_\_  
MEDICAL EXPENSES \_\_\_\_\_  
OFFICE \_\_\_\_\_  
POSTAGE \_\_\_\_\_  
PROMOTION \_\_\_\_\_  
RENT \_\_\_\_\_  
REPAIRS \_\_\_\_\_  
SAFETY EQUIPMENT \_\_\_\_\_  
SUN GLASSES \_\_\_\_\_  
SMALL TOOLS \_\_\_\_\_  
SOFTWARE \_\_\_\_\_  
SUBCONTRACTORS \_\_\_\_\_  
SUPPLIES \_\_\_\_\_  
TELEPHONE \_\_\_\_\_  
TOLLS/PARKING \_\_\_\_\_  
TRAVEL \_\_\_\_\_  
UTILITIES \_\_\_\_\_  
(H) TOTAL MILES PER AUTO \_\_\_\_\_ BUS % \_\_\_\_\_

(W) TOTAL MILES PER AUTO \_\_\_\_\_ BUS% \_\_\_\_\_

