

REFUNDMASTERS TAX & FINANCIAL SERVICES

Presents

1099/ W-2 *EXPRESS* SERVICE

SOLVE your yearly 1099 and W-2 problems!

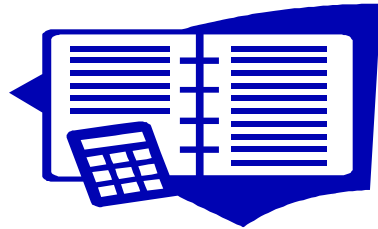
No more AUDITS from incorrectly reported income!

No more IRS LETTERS!

AVOID IRS penalties!

Quick turn-around

Let us:



Calculate your church's 1099 and W-2 forms;
Complete proper 1096 forms;
File with the IRS;
Deliver completed copies to you.

Here's how:

1. Fill in church information section.
2. Complete minister's section.
3. Add any W-2's you would like us to complete.
4. Add other Non-employees at the bottom
5. Enclose check payable to RefundMasters for

First 1099 or W-2	\$25.00
Each additional 1099 or W-2	\$7.50
6. Mail to:

RefundMasters Tax and Financial Services
4645 Ruffner St., Suite R
San Diego, CA 92111

Amount Enclosed \$ _____ Check No. _____ Signature _____

REFUNDMASTERS TAX & FINANCIAL SERVICES

4645 Ruffner Street, Suite R, San Diego, CA 92111

TEL (858) 874-3085 FAX (858) 874-5873 E-Mail : philip@refundmasters.com

1099/W-2 EXPRESS SERVICE Questionnaire

I. CHURCH INFORMATION

Church Legal Name _____
Address _____
Church Phone _____
Contact Person _____
Church FEIN (Federal Employer Tax ID): ____ - _____ [Required]
Church State ID: _____ [Required for W-2]

II. SELF-EMPLOYED MINISTER (1099)

Name _____
Address _____
Social Security #: _____
Home Phone: _____
Salary or Base Compensation
(EXCLUDING allowances): \$ _____
Housing Allowance: \$ _____
Auto Allowance: \$ _____
Professional Expense Allowance \$ _____
(Do not include direct expense reimbursements).
Social Security Allowance \$ _____
Other: _____ \$ _____
Other: _____ \$ _____
Other: _____ \$ _____

NON-TAXABLE FRINGE BENEFITS:

Pension payments \$ _____
403(b) payments \$ _____
Group insurance \$ _____
Group insurance \$ _____

OTHER EMPLOYEE (W-2)

Name _____
Address _____
Social Security #: _____
Home Phone: _____
Salary or Base Compensation
(EXCLUDING allowances) \$ _____
Social security wages (if different) \$ _____
Federal Withholding \$ _____
FICA \$ _____
Medicare \$ _____
State Withholding \$ _____
SDI \$ _____
Other: _____ \$ _____
Other: _____ \$ _____
Other: _____ \$ _____

NON-TAXABLE FRINGE BENEFITS:

403(b) payments \$ _____
Group insurance \$ _____
Other \$ _____

III. OTHER NON-EMPLOYEES (Any non-incorporated person/business you paid \$600 or more last year.)

Name _____
Address _____
Social Security or Employer ID# _____
Amount you paid them: \$ _____
What did you pay them for?: _____

Name _____
Address _____
Social Security or Employer ID# _____
Amount you paid them: \$ _____
What did you pay them for?: _____