

TAX ORGANIZER

MEDICAL EXPENSES

Prescriptions _____
Private Health Insurance _____
Medicare Premiums _____
Doctors _____
Dentists _____
Hospitals/Labs _____
Eyeglasses/Contacts _____
Medical Travel Miles _____

**Medical Deductions must total more than 7.5% of Gross Income to be applicable.*

INTEREST PAID

*1st Mortgage _____
*2nd Mortgage _____
Home Equity Loan PMI _____
Insurance Premiums _____

**Please provide form 1098*

TAXES

Real Estate _____
Auto Tag/Ad Valorem _____

CONTRIBUTIONS

Churches/Synagogues _____
United Way Cancer/Heart _____
Other _____

NON-CASH CONTRIBUTIONS

Clothing, Furniture, Household Goods
Organizations Name _____
Value \$ _____
Date of Donation ___ / ___ / ___

CONTACT INFORMATION

Home _____
Cell _____
Email _____

INT/DIVIDENDS EARNED

INTEREST

DIVIDENDS

STOCK & INVESTMENT SALES

Date of Purchase and Purchase Price

Date of Sale and Sale Price

**Form 1099B required*

QUARTERLY PAYMENTS

Date Paid	Federal	State
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**If there is ANY confusion about this please send copies of canceled checks.*

Client Name

Mason's Business Services

P.O. Box 2120
Covington, Georgia 30015
(770) 787-5897
Fax (770) 728-1136

EDUCATION CREDIT

College tuition, books and course related fees paid out of pocket or by student loans \$ _____

The American Opportunity Credit applies to the 1st four years of college. The Lifetime Learning Credit applies only to Graduate Studies.

**Form 1098T is required*

**Credits are subject to income limits*

GA EDUCATION TAX CREDIT

Georgia Higher Education 529 Plan Contribution \$ _____

Georgia GOAL Scholarship Contribution _____

**GA GOAL Certificate is required from the State*

OTHER INCOME

TRADITIONAL IRA

\$5000 maximum per person. Additional \$1000 if over age 50. Contribution is deductible/taxed upon retirement. Must have Earned Income. High Income Individuals are limited.

Taxpayer amount _____

Spouse amount _____

CHILD CARE CREDIT

Provider _____

Name _____

Address _____

Tax ID# _____

Amount paid _____

**Enclose form from Daycare if available*

QUESTIONS/ADDITIONAL INFORMATION

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