

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 ___/___/___

 Client Name

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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*

CHILD CARE CREDIT

Provider _____

Dependent Name _____

Address _____

Tax ID# _____

Amount paid _____

**Enclose form from Daycare if available*

SELF EMPLOYMENT BUSINESS INCOME & EXPENSES

Business Name: _____

Business Service or Type of Business: _____

Owner: _____

Income _____

Advertising _____

Commissions _____

Contract Labor _____

Dues/Subscriptions _____

Insurance (other than health) _____

Interest on Business loans _____

Materials Merch purchased for resell _____

Meals/Entertainment (50% of meals) _____

Office Supplies _____

Home Office Utilities _____

Bank Fees _____

Professional Services _____

Rent _____

Rental Equipment _____

Repairs/Maintenance _____

Supplies _____

Taxes/Licenses _____

Telephone/Internet _____

Travel _____

Mileage: Total Miles Driven _____

Business Miles _____

QUESTIONS/ADDITIONAL INFORMATION

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