Tax Organizer for Tax Year		Paul Bax Income Tax Services P. O. Box 8178 Hot Springs Village, AR 71910 (501) 984-0399 Fax: (501) 915-8818 www.paulbax.com			
Name:					
Taxpayer		SS No.		Date of Birth _	
Spouse		SS No		Date of Birth	
Address:					
City:			State:	Zip:	
Telephone (Home)		Telephon	e (Work)		
Cell Phone:		Best Time To Ca	.111:		
Occupation: Taxpayer			Spouse		
Check One: Single	Married Fi	ling Joint	_Surviving Widow/	Widower	
Married	d Filing Separately	(enter spouse's n	ame/SS No. Above)	Unmarried H	ead of Household
Dependents Name	Date of Birth	Social Secu	rity Number*	Relationship	No. of Months lived in your home

*A personal exemption is disallowed for any dependent unless the Social Security number is provided on the tax return.

Does The Taxpayer Authorize E-Filing Of Taxes?	□ Yes	□ No
Does The Taxpayer Want Direct Deposit?	□ Yes	□ No
If Yes, Indicate Account Type:	□ Checking	□ Savings
What Is Bank Routing Number?	(must be nine dig	gits)
What Is Account Number?		

To the best of my knowledge the enclosed information is correct and includes all income deductions and other information necessary for the preparation of this year's income tax returns for which I have adequate contemporaneous records.

Please Sign

DID YOU MAKE ESTIMATED TAX PAYMENTS? ____Yes ____No If yes, complete the box(es) below.

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	TOTAL
Fed		- (IOTAL
State					

INCOME

Wages

Please copy all of your W2 forms and attach. Number of W2s attached:_____

Retirement Benefits

Please copy all of your 1099R forms and attach. Number of 1099Rs attached:_____

Interest

*****Review all of your forms 1099-INT and report the following:**

Payer's Name	Interest Earned (Box 1)

***Please note – You can enclose <u>copies</u> of form(s) 1099-INT rather than complete the table(s) above. However, you should retain the original(s) with your copy of your tax return.

If federal taxes were withheld or you had interest from US Treasury bonds, please enclose a copy of the 1099-INT in question.

Dividends

***Review all of your forms 1099-DIV and report the following:

Payer's Name	Box 1a -Total Ordinary Dividends	Box 1b – Qualified Dividends	Box 2a – Cap. Gain Distributions

***Please note – You can enclose <u>copies</u> of form(s) 1099-DIV rather than complete the table(s) above. However, you should retain the original(s) with your copy of your tax return.

If you are not sure about the dividends you received, please attach a copy of each 1099-DIV and it will be calculated into the tax return.

Other Benefits/Income Received

Did you have income (or loss) on K-1 from Partnership, LLC, S Corp., Estate or Trust during the tax year?

Attach <u>copies</u> of all K-1s and other Misc. Forms related to other income.

	Unemployment	Alimony	State Refund	Other
Taxpayer				
Spouse				

Do you have funds in a foreign account? Yes No

Did you have any stock sales during the tax year? I	f ves, submit all 1099B forms.	Yes	No

Capital Assets Sold (Securities, Real Estate, etc.) Attach copies of Forms 1099B and 1099S.

Description of Property	Date Sold	Sale Price	Depreciation Taken (if applicable)	Cost or Basis

*To qualify for long term capital gain rates, assets sold must have been held for more than one year.

CHILD CARE

Child Care Deductions (Number of Dependents Qualifying:_____)

Provider's Name & Address (Include Individual's Name and/or Org. Name)	SS No. or Federal ID	Amount	

Did you receive employer-provided dependant care assistance benefits? Yes No Amount: \$_____

Personal Itemized Deductions

Medical	Amount	Taxes A	mount
Prescription Drugs		Real Estate	
Medical Insurance Premiums		Personal Property	
Long Term Care Ins. Premiums		State & Local Income Tax	
Medicare Premiums		Charitable Contributions	
Doctors/Dentists		Cash Contributions*	
Clinic/Lab Tests			
Hospitals			
Eyeglasses/Hearing Aids			
Orthopedic Shoes/Braces		Other Than Cash Contributions	
Medical Long Distance Phone			
Other			
		Miles for Charity	
Miles		*Contributions of \$250 or more require written	substantiation
Fares: Taxi, Bus, etc		from the organizations.	
Do you have a medical savings acct.?		Miscellaneous Deductions Subject to 29	% AGI
Interest		Un-reimbursed Employee Business Expense	
Deductible Home Mortgage Interest Paid Financial Institutions	to	Union & Professional Dues	
Home Equity Interest		Safe Deposit Box Rental	
Deductible Home Mortgage Interest Paid	to	Tax Return Preparation Fee	
Individuals:* Name Address:*		Business Publications	
		Business Telephone Calls	
Social Security No.:*		Tools, Supplies, Equipment	
*Failure to provide is subject to a \$50 p	enalty.	Employment-Related Education	
Deductible Points (Include Amortization		Investment Expenses	
Points from Prior Years)		Other	
Investment Interest (list)		Miscellaneous Deductions Not Subject t	
		Gambling Losses (limited to winnings)	