

CLIENT TAX ORGANIZER FOR 2019 FROM JERRY ADAMS CPA

WE ARE REQUIRED TO FILE ALL 2019 RETURNS ELECTRONICALLY
YOU MUST INCLUDE A VOIDED CHECK IF YOU WANT REFUND TO BE DIRECTLY DEPOSITED.

(Our Hours are 8am-5pm M-F & Sat 9am-12pm est. You may drop off your information during business hours or use our 24 hr. drop box on the side of our bldg.)

Visit us at www.jeadams CPA.com

Phone: (812)634-9699

(TP)=TAXPAYER Information:

NAME _____

S.S. # _____

ADDRESS _____

BIRTHDAY _____

OCCUPATION _____

DAYTIME PHONE NUMBER _____

WHERE YOU LIVED AS OF JANUARY 1, 2019:

COUNTY OF RESIDENCE _____

(S)=SPOUSE Information:

NAME _____

S.S. # _____

BIRTHDAY _____

OCCUPATION _____

DAYTIME PHONE NUMBER _____

WHAT SCHOOL DISTRICT DO YOU LIVE IN? _____ AS OF JANUARY 1, 2019

DEPENDENTS: (CHILDREN'S NAMES): NAME (FIRST/MIDDLE/LAST)	MALE or FEMALE	SOCIAL SECURITY #	DATE OF BIRTH	FULL TIME COLLEGE STUDENT
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Y / N

Y / N

Y / N

RENTERS: LANDLORD'S NAME _____

LANDLORD'S ADDRESS _____

OF MONTHS RENTED IN 2019: _____ RENT PER MONTH \$ _____

IF YOU WANT TO PAY USE TAX ON OUT OF STATE PURCHASES \$ _____

LIST PROPERTY TAX PAID ON YOUR PERSONAL RESIDENCE _____

ESTIMATED TAX PAYMENTS:

4-15-19 FEDERAL _____ STATE _____ 9-15-19 FEDERAL _____ STATE _____

6-15-19 FEDERAL _____ STATE _____ 1-15-20 FEDERAL _____ STATE _____

CHILD CARE:

Babysitter's Name & Address.... _____

S.S.# or ID #.... _____ Amount paid for 2019. \$ _____

PLEASE LET US KNOW IF YOU CASHED IN A RETIREMENT PLAN FROM YOUR PLACE OF EMPLOYMENT

Note: 2019 TAX CHANGES !!!!

1. VERY FEW INDIVIDUALS WILL BE ABLE TO ITEMIZE. PLEASE BRING IN YOUR MORTGAGE STATEMENT AND PROPERTY TAX STATEMENTS.
2. We will contact the individuals who are most likely to itemize and request more information if we believe you will qualify.
3. Miscellaneous deductions such as business mileage, professional fees, etc. have been eliminated
4. IF your driver's license expired in 2019, we will need the new issue and expiration dates:

	<u>Taxpayer</u>	<u>Spouse</u>
Issue Date	_____	_____
Expiration Date	_____	_____

Contributions to INDIANA COLLEGES: List College... _____
 \$ Amount given.... \$ _____ Date given.... _____

*****Please Note: If you have Healthcare Marketplace (Obamacare) coverage, we will need your 1095A that you should have received in the mail. If you are missing this form please contact 1-800-318-2596 to request a replacement. Your return cannot be completed without this form.***

IF YOU HAVE HAD ANY LIFE CHANGES, OR HAVE ANY INFORMATION YOU FEEL THAT WOULD BE PERTINENT TO YOUR TAX SITUATION, PLEASE FEEL FREE TO LIST ON THE LINES BELOW:

PLEASE INCLUDE COLLEGE TUITION, FEES, BOOKS, COMPUTER, ETC... CREDITS HAVE BEEN EXTENDED. ALSO, ANY STUDENT INTEREST PAID (YOU NEED TO ASK FOR OUR COLLEGE SHEET IF NOT ENCLOSED)

NOTE: WE WILL NEED A COPY OF THE CHILD'S 1098-T FROM THE COLLEGE ATTENDING. PLEASE *DOWNLOAD* FROM THE SCHOOL WEBSITE.

****BE SURE TO BRING IN ALL TAX DOCUMENTATION YOU RECEIVE FROM THIRD PARTIES, SUCH AS K-1'S FROM S-CORP'S & PARTNERSHIPS. ****

****PLEASE ENCLOSE ALL 1099s & W2s FOR THE FOLLOWING:
 (INTEREST & DIVIDEND INCOME, IRA DISTRIBUTIONS, PENSIONS & ANNUITIES, UNEMPLOYMENT COMPENSATION, & SOCIAL SECURITY BENEFITS) ****

If you have an Indiana College Choice (529) Plan, we need the following information:

Childs Name _____

Account # _____

Amount Contributed \$ _____

OR

You can bring us the official year end form.

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