

# JERRY E. ADAMS, CPA CO PC

## -CLIENT TAX ORGANIZER-

8am-5pm M-F or use our 24-hr. drop box on the West side of building

Visit us at [www.jeadamscpa.com](http://www.jeadamscpa.com) Phone: (812)634-9699

**(TP)=TAXPAYER Information:**

**(S)=SPOUSE Information:**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

S.S. # \_\_\_\_\_

S.S. # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_

CO. OF RESIDENCE LAST JAN 1<sup>st</sup>: \_\_\_\_\_

CO. OF RESIDENCE LAST JAN. 1<sup>st</sup>: \_\_\_\_\_

**DEPENDENTS: List ONLY the kid(s) you will be claiming for the tax year indicate if other.**

DEPENDENTS NAME (FIRST / MIDDLE / LAST)	MALE or FEMALE	SOCIAL SECURITY #	DATE OF BIRTH	FULL TIME COLLEGE STUDENT
_____	_____	_____	_____	Y / N
_____	_____	_____	_____	Y / N
_____	_____	_____	_____	Y / N
_____	_____	_____	_____	Y / N

**PROPERTY TAX PAID ON YOUR PERSONAL RESIDENCE: \$** \_\_\_\_\_

**RENTERS: LANDLORD'S NAME:** \_\_\_\_\_

LANDLORD'S ADDRESS: \_\_\_\_\_

# OF MONTHS RENTED: \_\_\_\_\_ RENT PER MONTH \$ \_\_\_\_\_ OR TOTAL PAID \$ \_\_\_\_\_

**ESTIMATED TAX PAYMENTS:**

**Federal Payments**

**State Payments**

1<sup>st</sup> QTR Payment April 15<sup>th</sup>.....\$ \_\_\_\_\_ \$ \_\_\_\_\_

2<sup>nd</sup> QTR Payment June 15<sup>th</sup>.....\$ \_\_\_\_\_ \$ \_\_\_\_\_

3<sup>rd</sup> QTR Payment Sept. 15<sup>th</sup>.....\$ \_\_\_\_\_ \$ \_\_\_\_\_

4<sup>th</sup> QTR Payment Jan. 15<sup>th</sup>.....\$ \_\_\_\_\_ \$ \_\_\_\_\_

**CHILD CARE: PROVIDERS NAME:** \_\_\_\_\_

PROVIDERS ADDRESS: \_\_\_\_\_

S.S. # OR ID #: \_\_\_\_\_ AMOUNT PAID TAX YEAR \$ \_\_\_\_\_

**REFUND OPTIONS:**  CHECK by mail is preferred.

NEW BANK voided check enclosed (required).

DIRECT DEPOSIT into the bank account from prior year. Last 4 of Acct # \_\_\_\_\_

## Notable Tax Updates!

1. You will need to notify our office of any digital currency transactions.
2. We will contact the individuals who are most likely to itemize and request more information if we believe you will qualify. To aid in determining who we need to contact please enclose your mortgage statement.
3. If you have Affordable Care Act (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.
4. Be sure to download any documents that are not mailed out. ie investments, unemployment, Student loans.
5. Please let us know if you cashed in a retirement plan from your place of employment.
6. If your driver's license expired, we will need the new issue and expiration dates:

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

**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:**

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### **Those with College Students / on their way**

WE WILL NEED A COPY OF THE CHILD'S 1098-T FROM THE COLLEGE ATTENDING.  
PLEASE DOWNLOAD FROM THE SCHOOLS WEBSITE. AS WELL AS FEES, BOOKS, COMPUTER, STUDENT INTEREST PAID ETC.

#### **Indiana 529 College Choice Contributions (please enclose required statement)**

<b>Childs Name</b>	<b>Account #</b>	<b>Amount Cont.</b>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

### **Common Documents Requested**

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

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

**SELF-EMPLOYED, OR OTHERWISE COMMISSIONED SALESPERSONS:**

(If you FARM or have RENTAL INCOME **do not** use this page)

NAME OF BUSINESS \_\_\_\_\_

**GROSS INCOME (This includes income plus sales tax)**.....\$ \_\_\_\_\_

RETURNS & ALLOWANCES..... \_\_\_\_\_

**OTHER INCOME**..... \_\_\_\_\_

**EXPENSES:**

Purchases(less items used for personal use)..... \_\_\_\_\_

Beginning inventory 1-01-2024..... \_\_\_\_\_

Less: Ending inventory 12-31-2024..... \_\_\_\_\_

COMMISSIONS (paid out to others)..... \_\_\_\_\_

ADVERTISING \_\_\_\_\_

SUPPLIES \_\_\_\_\_

LICENSE/PERMITS \_\_\_\_\_

COMMISSIONS \_\_\_\_\_

PROPERTY TAXES \_\_\_\_\_

INTERNET EXP. \_\_\_\_\_

INSURANCE \_\_\_\_\_

TRAVEL \_\_\_\_\_

SELF INSURED LIABILITY

INS. \_\_\_\_\_

CASUAL LABOR \_\_\_\_\_

IF SELF EMPLOYED ENTER TOTAL HEALTH INSURANCE YOU PAID \_\_\_\_\_ (For pg.1, Form 1040)

MEMBERSHIP FEES \_\_\_\_\_

MORTGAGE INTEREST (on home) \_\_\_\_\_

OTHER INTEREST \_\_\_\_\_

LEGAL/PROF. FEES \_\_\_\_\_

MEALS \_\_\_\_\_

OFFICE EXP. \_\_\_\_\_

UTILITIES \_\_\_\_\_

RENT(LAND) \_\_\_\_\_

CONT. EDUCATION \_\_\_\_\_

RENT(EQ.,MACH) \_\_\_\_\_

PROF. DUES OR LICENSES \_\_\_\_\_

REPAIR/MAINT. \_\_\_\_\_

TELEPHONE \_\_\_\_\_

SUBSCRIPTIONS \_\_\_\_\_

PAYROLL TAX \_\_\_\_\_

W-2 WAGES \_\_\_\_\_

SALES TAX PAID \_\_\_\_\_

MISC.(IF ANY ONE ITEM IS OVER \$200.00 IT SHOULD BE LISTED BELOW) \_\_\_\_\_

**LIST NEW ITEMS BOUGHT IN 2024:** (IF MORE PLEASE LIST ON SEPARATE SHEET & ATTACH).

<u>DATE BOUGHT</u>	<u>ITEM BOUGHT</u>	<u>\$ COST</u>	<u>TRADE IN</u>
<u>DATE SOLD</u>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**AUTO EXPENSE:**

**YOU MUST HAVE A LOG.**

Year & make of vehicle..... \_\_\_\_\_

Total miles driven in 2024..... \_\_\_\_\_

Actual gas & oil cost (If you use this amount you must have all gas receipts)..... \_\_\_\_\_

**FARM PAGE**  
**BRING IN ALL BANK STATEMENTS FOR 2024**

**INCOME:** SALE OF LIVESTOCK YOU BOUGHT, THEN SOLD.. \$ \_\_\_\_\_

**COST** OF LIVESTOCK & OTHER ITEMS YOU SOLD IN 2024..... \_\_\_\_\_

SALES OF LIVESTOCK, PRODUCE & GRAINS **RAISED**..... \_\_\_\_\_

COOPERATIVE DISTRIBUTIONS (ENCLOSE 1099-PATR)..... \_\_\_\_\_

AG PROGRAM PAYMENTS RECEIVED..... \_\_\_\_\_

CCC LOANS RECEIVED (ENCLOSE 1099)..... \_\_\_\_\_

CROP INSURANCE & CERTAIN DISASTER RECEIPTS..... \_\_\_\_\_

CUSTOM HIRE, MACHINE HIRE INCOME YOU RECEIVED..... \_\_\_\_\_

OTHER INCOME.....\$ \_\_\_\_\_

**EXPENSES:**

CHEMICALS \_\_\_\_\_ W-2 LABOR HIRED \_\_\_\_\_ MISC EXPENSES: \_\_\_\_\_

1099 MISC TOTAL(NONEMPLOYEE COMP) \_\_\_\_\_

MACHINE HIRE \_\_\_\_\_

GRAIN DRYING \_\_\_\_\_

FEED \_\_\_\_\_

RENT/LEASE MACHINERY, EQ., VEHICLE \_\_\_\_\_

FERTILIZER/LIME \_\_\_\_\_

RENT/LEASE LAND \_\_\_\_\_

LICENSE/PERMITS \_\_\_\_\_

REPAIRS & MAINT. \_\_\_\_\_

ACCTING FEES \_\_\_\_\_

SEEDS & PLANTS \_\_\_\_\_

FREIGHT/HAULING \_\_\_\_\_

STORAGE/WHSE. FEES \_\_\_\_\_

GAS, FUEL, OIL \_\_\_\_\_

SUPPLIES \_\_\_\_\_

INSURANCE \_\_\_\_\_

COUNTY TAXES FARM PORTION \_\_\_\_\_

HEALTH INSURANCE \_\_\_\_\_

UTILITES \_\_\_\_\_

MORTGAGE INTEREST \_\_\_\_\_

VET/MEDICINE \_\_\_\_\_

OTHER INTEREST \_\_\_\_\_

FARM DUES/SUBSCRIPTIONS \_\_\_\_\_

CASUAL LABOR \_\_\_\_\_

INTERNET EXPENSE \_\_\_\_\_

**LIST NEW ITEMS BOUGHT IN 2024:**(IF MORE PLEASE LIST ON SEPARATE SHEET)

<u>DATE</u>	<u>ITEM BOUGHT</u>	<u>\$ COST</u>	<u>TRADE-IN</u>	<u>SOLD ITEM</u>

## RENT & ROYALTY INCOME

	<i>PROPERTY 1</i>	<i>PROPERTY 2</i>	<i>PROPERTY 3</i>	<i>PROPERTY 4</i>
RENTAL INCOME.....\$	_____	_____	_____	_____
ROYALTY INCOME (OIL, COAL)	_____	_____	_____	_____

**Kind of property & address:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

<b>EXPENSES:</b>	<i>PROPERTY 1</i>	<i>PROPERTY 2</i>	<i>PROPERTY 3</i>	<i>PROPERTY 4</i>
ADVERTISING.....	_____	_____	_____	_____
CLEANING & MAINTENANCE.....	_____	_____	_____	_____
COMMISSIONS PAID OUT.....	_____	_____	_____	_____
INSURANCE.....	_____	_____	_____	_____
LEGAL FEES.....	_____	_____	_____	_____
ACCOUNTING/TAX PREP.....	_____	_____	_____	_____
MORTGAGE INTEREST..... (on rental property)	_____	_____	_____	_____
OTHER INTEREST.....	_____	_____	_____	_____
REPAIRS.....	_____	_____	_____	_____
PEST CONTROL.....	_____	_____	_____	_____
SUPPLIES.....	_____	_____	_____	_____
TRASH EXPENSES.....	_____	_____	_____	_____
CO. & PROPERTY TAXES.....	_____	_____	_____	_____
UTILITIES.....	_____	_____	_____	_____
MOWING.....	_____	_____	_____	_____
MISC.(IF ANY ONE ITEM IS OVER. \$ 200.00 IT SHOULD BE LISTED BELOW OR ON SEPARATE SHEET OF PAPER).	_____	_____	_____	_____

**LIST NEW ITEMS BOUGHT IN 2024:** (IF MORE PLEASE LIST ON SEPARATE SHEET)

<u>PROPERTY #</u> (from above)	<u>DATE BOUGHT</u>	<u>ITEM BOUGHT</u>	<u>\$ COST</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**AUTO EXPENSE:**

**Year & make of vehicle**..... \_\_\_\_\_  
**Total miles driven in 2024**..... \_\_\_\_\_