

# 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:

### **Taxpayer**

### **Spouse**

**Issue Date:**

\_\_\_\_\_

\_\_\_\_\_

**Expiration Date:**

\_\_\_\_\_

\_\_\_\_\_

**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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **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)**

**Childs Name**

**Account #**

**Amount Cont.**

\_\_\_\_\_  
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\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

## **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) \*\***