

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 Phone: (812)634-9699

(TP)=TAXPAYER Information:

NAME: _____

S.S. # _____

ADDRESS: _____

DATE OF BIRTH: _____

OCCUPATION: _____

DAYTIME PHONE NUMBER: _____

CO. OF RESIDENCE LAST JAN 1st: _____

(S)=SPOUSE Information:

NAME: _____

S.S. # _____

DATE OF BIRTH: _____

OCCUPATION: _____

DAYTIME PHONE NUMBER: _____

CO. OF RESIDENCE LAST JAN. 1st: _____

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: \$ _____

NEW VEHICLE INTEREST DEDUCTION \$ _____ **VIN#** _____

RENTERS: LANDLORD'S NAME: _____

LANDLORD'S ADDRESS: _____

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

ESTIMATED TAX PAYMENTS:

Federal Payments

State Payments

1st QTR Payment April 15th.....\$ _____

\$ _____

2nd QTR Payment June 15th.....\$ _____

\$ _____

3rd QTR Payment Sept. 15th.....\$ _____

\$ _____

4th QTR Payment Jan. 15th.....\$ _____

\$ _____

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 and New Portal!

1. For digital copies please use my email: _____ & to authenticate via text # _____
2. You will need to notify our office of any digital currency transactions.
3. 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.
4. 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. CareSource is another common type that is required as well.
5. Be sure to download any documents that are not mailed out. ie investments, unemployment, Student loans.
6. Please let us know if you cashed in a retirement plan from your place of employment.
7. 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.

\$ _____
\$ _____
\$ _____
\$ _____

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) ****