



TAX + ACCOUNTING

BUSINESS + INDIVIDUAL TAX PREPARATION

2018 TAX ORGANIZER

For Appointments/Walk-ins/Drop Offs/Email
All Clients Must Fill Out Completely

Personal Information

FULL NAME _____ DOB _____ SS# _____

SPOUSE _____ DOB _____ SS# _____

ADDRESS _____ State _____ Zip _____ County _____

Home Phone _____ Cell Phone _____ Work Phone _____

(Call me on my) Cell _____ Home _____ Work _____ * E-Mail Address _____

After: _____

Filing Status

MARRIED _____ SINGLE _____ HD OF HOUSEHOLD _____ MARRIED FILING SEPARATE _____

Dependents

NAME	DOB	SS#	NAME	DOB	SS#
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1. _____			4. _____		
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2. _____			5. _____		
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3. _____			6. _____		
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Income (Attach a copy of W-2, 1099's, INTEREST INCOME, DIVIDENDS ETC)

Source _____ Amount _____

Source _____ Amount _____

Source _____ Amount _____

Source _____ Amount _____

Other Income (Please furnish information or attach schedules)

Income tax refund (Fed) _____ State _____ Partnerships _____ Alimony received _____ Self-Employed _____ Pension _____
Sale of Property _____ Rental Property _____ IRA Distribution _____ Unemployment _____

Itemized Deductions (attach & include all receipts/Information statements)

Medical expenses _____	<u>Contributions</u>	<u>Interest Paid</u>	<u>Taxes</u>
Insurance premiums _____	Church _____	1 st Mortgage _____	Property taxes _____
Doctors/Dentist _____	Misc. cash _____	2 nd Mortgage _____	Car tags _____
Insurance Reimbursement _____	Other _____	Student Loan _____	Sales tax _____

2017 Tax Preparation Fee _____ (If known)

Note: CHECK AND FURNISH INFORMATION ON THE FOLLOWING

Moving expense _____ Job Education _____ Casualty Loss _____ Job expenses (un-reimbursed) _____

Buy/Sell home _____ (Bring your HUD statement or Closing Disclosure pg 1 & 2)

Child Care _____ SS# or Fed I.D. # of Care Provider _____ Amount you paid _____ employer paid _____

Care Provider Name _____ Care Provider Address _____

_____ Purchased IRA amount _____ Regular _____ Roth _____ Education _____ Converted to Roth _____
(provide details)

_____ Contributed to SEP or other personal retirement (excluding through employer)

SPECIAL NOTES:

Make sure all SS#'s are correct especially with dependents and be sure you have a legal right to claim them

Be extra careful when dependents have a different last name from mother or father.

IRS is targeting Earned Income Credit and making sure you are eligible to receive.

Spouse: Make sure last name on social security card is same as tax return.

** We need signed mileage logs for business miles, firefighter, police officers, nurses, emt's, court reporters, etc. **

Business Use of Vehicle: Year 2017 is 53.5 cents per mile. Please use one of the additional organizers.

Moving miles: .17 cents per mile. Medical miles: .17 cents per mile. Charity work: .14 cents per mile.

The Affordable Care Act (Individual Shared Responsibility Provision)

If you applied for insurance through (www.Marketplace.gov) You need to include form 1095 A before you file your 2017 taxes.

If you have Health insurance through an employer then you will receive form 1095 B Your income taxes will not be filed accurately if you do not retrieve or wait on form 1095.

Please mark the appropriate box: (You can change when we call)

(Quickest) Direct Deposit _____ Check from IRS _____

Bank Information:

Name of Bank _____ Checking Account _____ Savings Account _____

Routing Number (nine digits on left front lower corner of your check) _____

Account Number (if joint return, both names must be on account) _____

Thank You.

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