



TAX + ACCOUNTING

BUSINESS + INDIVIDUAL TAX PREPARATION

2019 TAX ORGANIZER

Website: www.jmb.tax
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#
1. _____			4. _____		
2. _____			5. _____		
3. _____			6. _____		

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 documentation)

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 _____

2018 Tax Preparation Fee _____ (If known)

Note: CHECK AND FURNISH INFORMATION ON THE FOLLOWING

Moving expense _____ Job Education _____ Casualty Loss _____

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

Please advise when dependents have a different last name from mother or father.

IRS is targeting Earned Income Credit/Head of Household and sales of cryptocurrency .

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

***** We need signed mileage logs for business miles*****

Business Use of Vehicle: Year 2019 is .58 cents per mile. Please use one of the additional organizers.

Moving miles: .20 cents per mile. **Medical miles:** .20 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 1095A before you file your 2019 taxes.

If you have Health insurance through an employer, then you will receive form 1095B.

Your income taxes will not be filed accurately if you do not retrieve or wait on form 1095A.

Taxpayer: **Driver's License/State Id #** _____ **Issue date:** _____ **Exp date:** _____
State issued: _____

Spouse: **Driver's License/State Id#** _____ **Issue date:** _____ **Exp date:** _____
State issued: _____

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) _____

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