JMB TAX + ACCOUNTING
BUSINESS + INDIVIDUAL TAX PREPARATION

2021 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 _________	Contributions	Interest Paid	Taxes
Insurance premiums _________	Church _________	1st Mortgage _______	Property taxes _____
Doctors/Dentist _________	Misc. cash _________	2nd Mortgage ______	Car tags ________
Insurance Reimbursement _______	Other ___________	Student Loan ________	Sales tax ________

2020 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 you have the legal right to claim dependents

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

IRS is targeting Earned Income Credit and sales of cryptocurrency.

If stimulus amounts are reported inaccurately , IRS will delay tax refund.

***** We need signed mileage logs for business miles*****
Business Use of Vehicle: .56 cents per mile. Please use one of the additional organizers
Moving miles: .16 cents per mile. **Medical miles**: .16 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 2020 tax return.

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 check the appropriate box: (**You can change when we call)**

(Quickest) Direct Deposit ________ Check from IRS _______

Bank Information:

Name of Bank ____________________________ Checking Account __ Savings Account __(check one)

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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