



TAX + ACCOUNTING BUSINESS + INDIVIDUAL TAX PREPARATION

2024 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 _____

2023 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

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 the sale of cryptocurrency.

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

Business Use of Vehicle: 67.0 cents per mile - Please use one of the additional organizers.

Moving miles: .21 cents per mile. Medical miles: .21 cents per mile. Charity work: .14 cents per mile.

The Affordable Care Act (Individual Shared Responsibility Provision)

If you applied for insurance through (www.Healthcare.gov) You need to include form 1095A before you file your 2024 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#
State issued: _____

Issue date: _____

Exp date: _____

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) _____

**JMB Tax & Accounting, LLC
3100 Lorna Rd Ste 204.
Birmingham, AL 35216**

**Office: 205.502.7677
Fax: 205.538.7742
Email: bhamtax@jmb.tax**