

INCOME TAX ORGANIZER Tax Year _____

N JOHNSON FINANCIAL SERVICES
 1101 Parallel Pkwy, #104, Kansas City, KS 66112
 816-913-788-7852 www.JFSMONEY.com

My appointment is: _____
 with Lesley Johnson, EA

GENERAL INFORMATION

This organizer is provided especially for **your** use. It is designed to aid you in organizing your data simply and easily. Feel free to jot notes and questions in it.

NAME

Taxpayer's Name _____
 Taxpayer's Occupation _____
 Taxpayer's SSN _____
 Taxpayer's D.O.B. _____

Spouse's Name _____
 Spouse's Occupation _____
 Spouse's SSN _____
 Spouse's D.O.B. _____

PHONE NUMBERS

Daytime _____
 Evening _____
 Cellular _____

County of Residence: _____

School District: _____

CURRENT ADDRESS

Street Address _____

 City/State/Zip _____
 Email address: _____

SINGLE
 MARRIED FILING JOINTLY
 MARRIED FILING SEPARATELY
 HEAD OF HOUSEHOLD

Do you wish to donate \$3 of your taxes to the Presidential election campaign fund? Taxpayer: Y / N Spouse: Y / N
 If your tax return was examined by either the federal government or a state agency this year, check here and bring your copy of the Government's report with the related tax return.

DEPENDENT CHILDREN AND OTHER DEPENDENTS

If you share custody or support of dependants, provide copy of support agreements, custody orders, etc.

Name	D.O.B.	SSN	Relationship	Months lived in home this year	Income	Daycare Exp. Per child

CHILD CARE EXPENSES

Did you pay \$1000+ to an individual who performed services in your home? Y / N Did you file required employment forms? Y/N

TO WHOM	ADDRESS	SSN or FEDERAL ID	AMT PD INSIDE YOUR HOME	AMT PD OUTSIDE YOUR HOME

ADJUSTMENTS TO INCOME

Provide amount of contributions for tax year

Taxpayer / Spouse / Amount

Did you make any payments to an Individual Retirement Account?

Date of payment: _____ Amount: _____ Type of IRA: Regular Roth Educational

Were you penalized for early withdrawal of savings?

KEOGH / SEP / SIMPLE Contribution:

Did you pay Alimony? (please bring a copy of your divorce decree)

To Whom: _____

SSN: _____

Please provide the following along with this completed organizer to your tax professional at your appointment.

- All W-2 forms
- All 1099 forms
- All schedule K-1's from partnerships or trusts
- IRA documentation
- Profit or Loss from business or profession (including, farming, rental property, etc.)
- If you have purchased a new personal residence and/or sold your old home:
- Closing statements on the residence you bought and on the residence you sold
- An itemized statement of capital improvements on the residence sold.
- If you are a new client, please provide copies of your last three years tax returns.
- Were you a full year resident in your current state? If no, please provide dates and other states of residency. _____

ITEMIZED DEDUCTIONS

MEDICAL EXPENSES

Medicines & Drugs (Prescribed)	\$	Eyeglasses	\$
Medical Insurance Premiums:		Contact lenses & supplies	
Premiums paid or withheld		Ambulance fees	
Others		Artificial limbs & teeth	
Doctors, Dentists, Nurses, etc.		Hearing aids & batteries	
Therapy & X-rays		Rental of medical equipment	
Hospitals		Rental of medical equipment	
Miles traveled for medical care mi.		Special schooling (Mentally / Physically handicapped)	
Other Travel expenses		Other	
Long-Term Care Insurance		TOTAL	

TAXES

Real Estate:		Ownership Fees:	
Tax on your home	\$	Vehicles	
Trailer / Mobile home		Trailer	
Other Real Estate taxes (do NOT include rental)		Motorcycles	
Additional State Income taxes pd last year		Sales Tax	
		Other	

INTEREST PAID Note: Personal interest is not deductible.

HOME MORTGAGE INTEREST PAID	1 ST Mortgage	2 ND Mortgage	POINTS	OTHER Mortgages
Primary Home:				
Second Home:				
STUDENT LOAN INTEREST	LENDER	AMOUNT PD		LENDER'S FEIN

If mortgage paid to an individual, please provide the following:

NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

*Amounts should agree with Form 1098. If the amounts shown DO NOT coincide with form 1098 issued by the mortgage holder, check here . If Form 1098 was issued in another's SSN, enter that person's name and SSN:

INVESTMENT INTEREST PAID

Interest paid for investments, such as land, stocks, etc.

PAID TO	AMOUNT

CONTRIBUTIONS For tax years after 1993, each contribution of \$250 or more MUST have a receipt. Cancelled checks are no longer sufficient.

RECEIPTED CASH CONTRIBUTIONS		OTHER THAN CASH CONTRIBUTIONS	
Church	\$	Goodwill	
United Way		Salvation Army	
Other		ARC	
Other		Other	
Other		Other	
Mileage for charitable work _____ mi.			

MISCELLANEOUS DEDUCTIONS

Gambling/Lottery Losses (Only if winnings)	\$	Expenses for production of income:	\$
Employee Expenses:		Legal and accounting fees	
Dues to professional association		Collection expenses	
Employment-related education		Fees paid to an IRA Custodian/KEOGH, etc.	
Malpractice insurance premiums		Use of auto for employer (need organizer)	
Job hunting expenses (incl. agency fee)		Other Expenses:	
Cost of preparing resume		Fees paid for investment counsel	
Professional journals and magazines		Tax preparation	
Uniforms / Safety equipment		Cost of tax periodicals, manuals, etc.	
Union dues and fees		Rent of safe deposit box	
Tools required		Job related & Educational expenses	

All information in this organizer and attachments have been furnished by myself and I acknowledge that any and all information necessary to complete a proper return is the best of my ability and knowledge. I also acknowledge that all proper records are being maintained to substantiate any deductions.

Taxpayer and Spouse's signatures