



INDIVIDUAL TAX ORGANIZER

(704) 915-2995

www.jgtaxconsultingservices.com

gewreka@jgtaxconsultingservices.com

Use the tax checklist below to find the documents and forms you'll need to get started.

PERSONAL INFORMATION

- Your social security number or tax ID number
- Your spouse's full name and social security number or tax ID number

DEPENDENT(S) INFORMATION

- Dates of birth and social security numbers or tax ID numbers
- Childcare records (including the provider's tax ID number) if applicable
- Income of other adults in your home
- Form 8332 showing that the child's custodial parent is releasing their right to claim a child to you, the noncustodial parent (if applicable)

SOURCES OF INCOME

- Employed
 - Forms W-2
- Unemployed
 - Unemployment, state tax refund (1099-G)
- Self-Employed
 - Forms 1099-MISC, Schedules K-1, income records to verify amounts not reported on 1099s
 - Records of all expenses — check registers or credit card statements, and receipts
 - Business-use asset information (cost, date placed in service, etc.) for depreciation
 - Office in home information, if applicable
 - Record of estimated tax payments made (Form 1040ES)
- Rental Income
 - Records of income and expenses
 - Rental asset information (cost, date placed in service, etc.) for depreciation
 - Record of estimated tax payments made (Form 1040ES)
- Retirement Income
 - Pension/IRA/annuity income (1099-R)
 - Traditional IRA basis (i.e. amounts you contributed to the IRA that were already taxed)
 - Social security/RRB income (1099-SSA, RRB-1099)
- Savings & Investments or Dividends
 - Interest, dividend income (1099-INT, 1099-OID, 1099-DIV)
 - Income from sales of stock or other property (1099-B, 1099-S)
 - Dates of acquisition and records of your cost or other basis in property you sold (if basis is not reported on 1099-B)
 - Health Savings Account and long-term care reimbursements (1099-SA or 1099-LTC)
 - Expenses related to your investments
 - Record of estimated tax payments made (Form 1040ES)
- Other Income & Losses

- Gambling income (W-2G or records showing income, as well as expense records)
- Jury duty records
- Hobby income and expenses
- Prizes and awards
- Trusts
- Royalty Income
 - 1099 Misc.
 - Any other 1099s received
 - Record of alimony paid/received with Ex-spouse's name and SSN

TYPES OF DEDUCTIONS

- Home Ownership
 - Forms 1098 or other mortgage interest statements
 - Real estate and personal property tax records
 - Receipts for energy-saving home improvements
 - All other 1098 series forms
- Charitable Donations
 - Cash amounts donated to houses of worship, schools, other charitable organizations
 - Records of non-cash charitable donations
 - Amounts of miles driven for charitable or medical purposes
- Medical Expenses
 - Amounts paid for healthcare insurance and to doctors, dentists, hospitals
- Health Insurance
 - Form 1095-A if you enrolled in an insurance plan through the Marketplace (Exchange)
 - Form 1095-B and/or 1095-C if you had insurance coverage through any other source (i.e. an employer, insurance company, government health plan such as Medicare, Medicaid, CHIP, TRICARE, VA, etc.)
 - Marketplace exemption certificate (ECN) if you applied for and received an exemption from the Marketplace (Exchange)
- Childcare Expenses
 - Fees paid to a licensed day care center or family day care for care of an infant or preschooler
 - Wages paid to a baby-sitter.
Don't include expenses paid through a flexible spending account at work.
- Educational Expenses
 - Forms 1098-T from educational institutions
 - Receipts that itemize qualified educational expenses
 - Records of any scholarships or fellowships you received
 - Form 1098-E if you paid student loan interest
- Job Expenses & Tax Prep Fees
 - Employment related vehicle expenses (tolls, mileage, gas, maintenance, license, property tax, interest expense, parking)
 - Receipts for classroom expenses (for educators in grades K-12)

- Employment-related expenses (dues, publications, tools, uniform cost and cleaning, travel) J
- Job-hunting expenses
- Record of moving expenses not reimbursed by employer
- Amount paid for preparation of last year's tax return
- State & Local Taxes or Sales Tax
 - Amount of state/local income tax paid (other than wage withholding), or amount of state and local sales tax paid
 - Invoice showing amount of vehicle sales tax paid
- Retirement & Other Savings
 - Form 5498-SA showing HSA contributions
 - Form 5498 showing IRA contributions
 - All other 5498 series forms (5498-QA, 5498-ESA)
- Federally Declared Disaster
 - City/county you lived/worked/had property in
 - Records to support property losses (appraisal, clean-up costs, etc.)
 - Records of rebuilding/repair costs Insurance reimbursements/claims to be paid
 - FEMA assistance information
 - Check FEMA site to see if my county has been declared a federal disaster area

INDIVIDUAL TAX ORGANIZER

DATE:	PREVIOUS CLIENT <input type="checkbox"/> or NEW CLIENT <input type="checkbox"/>
TAX PRO:	REFERRED BY:
FILING STATUS (SELECT ONE)	
SINGLE <input type="checkbox"/> MARRIED FILING JOINTLY <input type="checkbox"/> MARRIED FILING SEPARATE <input type="checkbox"/> HEAD OF HOUSEHOLD <input type="checkbox"/> QUALIFYING WIDOW <input type="checkbox"/>	

CLIENT INFORMATION			
NAME:	SSN:	DATE OF BIRTH:	
PHONE #:	EMAIL:		
DRIVERS LICENSE STATE:	DRIVERS LICENSE#:	DL ISSUE DATE:	DL EXPIRATION DATE:
STREET ADDRESS:			
CITY:	STATE:	ZIP:	
MARITAL STATUS:		OCCUPATION:	
BANK NAME:		<input type="checkbox"/> CHECKING or SAVINGS <input type="checkbox"/>	
BANK ACCOUNT NUMBER:		BANK ROUTING NUMBER:	

SPOUSE INFORMATION			
NAME:	SSN:	DATE OF BIRTH:	
PHONE #:	EMAIL:		
DRIVERS LICENSE STATE:	DRIVERS LICENSE#:	DL ISSUE DATE:	DL EXPIRATION DATE:
STREET ADDRESS:			
CITY:	STATE:	ZIP:	
MARITAL STATUS:		OCCUPATION:	
BANK NAME:		CHECKING <input type="checkbox"/> or SAVINGS <input type="checkbox"/>	
BANK ACCOUNT NUMBER:		BANK ROUTING NUMBER:	

DEPENDENT INFORMATION (PLEASE LIST ALL DEPENDENTS)			
NAME:		DATE OF BIRTH:	
RELATIONSHIP:	SSN:	# OF MONTHS THIS CHILD LIVED WITH YOU.	
NAME:		DATE OF BIRTH:	
RELATIONSHIP:	SSN:	# OF MONTHS THIS CHILD LIVED WITH YOU.	
NAME:		DATE OF BIRTH:	
RELATIONSHIP:	SSN:	# OF MONTHS THIS CHILD LIVED WITH YOU.	
NAME:		DATE OF BIRTH:	
RELATIONSHIP:	SSN:	# OF MONTHS THIS CHILD LIVED WITH YOU.	
DEPENDENT CARE EXPENSES:			
CHILD CARE PROVIDER:		<input type="checkbox"/> SSN OR <input type="checkbox"/> EIN	
STREET ADDRESS:			
CITY:		STATE:	ZIP:
EDUCATION INFORMATION			
SCHOOL ATTENDED:			
STREET ADDRESS:			
CITY:		STATE:	ZIP:
HEALTH CARE SURVEY			
Check any of the following which describes how you (an any other family members on this return) received health care coverage in 2018:			
A. Received health care coverage through employer for entire year (including COBRA coverage)			A <input type="checkbox"/>
B. Received health care coverage from the government such as Medicaid, Medicare, Veterans benefits, and any other governmental health care program for the entire year.			B <input type="checkbox"/>
C. Purchased private health insurance (not through the "Marketplace") for the entire year.			C <input type="checkbox"/>
D. Purchased health insurance through the "Marketplace" (Form 1095-A)			D <input type="checkbox"/>
E. At least one family member (including taxpayer) did not have health care coverage at anytime during the year.			E <input type="checkbox"/>

FINANCIAL SURVEY	
Are you an IRS agent, associate, affiliate, or informant?	YES <input type="checkbox"/> or NO <input type="checkbox"/>
Do you owe any government entity?	YES <input type="checkbox"/> or NO <input type="checkbox"/>
Have you filed all your prior year taxes?	YES <input type="checkbox"/> or NO <input type="checkbox"/>
Did you get a refund last year?	YES <input type="checkbox"/> or NO <input type="checkbox"/>
Do you have health insurance?	YES <input type="checkbox"/> or NO <input type="checkbox"/>
Would you like to have a health and life insurance assessment?	YES <input type="checkbox"/> or NO <input type="checkbox"/>
Are you interested in debt elimination and credit restoration?	YES <input type="checkbox"/> or NO <input type="checkbox"/>
Do you have a 401k or retirement account?	YES <input type="checkbox"/> or NO <input type="checkbox"/>
Do you own a home?	YES <input type="checkbox"/> or NO <input type="checkbox"/>

EXPENSE WORKSHEET			
EDUCATION EXPENSES		SELF EMPLOYED BUSINESS EXPENSES	
Student Loan Interest	\$	Legal & Professional Services	\$
Post-Secondary Tuition/Fees	\$	Advertising Expenses	\$
Other Job Training	\$	Car/Truck Mileage	\$
MEDICAL EXPENSES		Office Expenses	\$
Prescription Drugs	\$	Rent/Lease Expense	\$
Medical Insurance	\$	Utilities/Telephone	\$
Dental Insurance	\$	Repairs & Maintenance	\$
Long Term Care Insurance	\$	Supplies	\$
Hospital & Emergency Bills	\$	Taxes & Licenses	\$
Lab & X-Ray Expenses	\$	Business Meals & Entertainment	\$
In-Home Health Care/Nurses	\$	Misc. Business Expenses	\$
Glasses & Contact Lenses	\$	Tools	\$
Hearing Aids & Batteries	\$	MISCELLANEOUS EXPENSES	
Orthopedic Shoes	\$	Employment/Job Seeking Expenses	\$
Canes/Crutches/Braces	\$	Unreimbursed Uniforms & Cleaning	\$
Wheel Chairs	\$	Unreimbursed Work Tools	\$
Other Medical Transportation	\$	Unreimbursed Work Shoes/Gloves	\$
Other Misc. Medical Expenses	\$	Tax Preparation Fees	\$
TAXES PAID		Safe Deposit Box	\$

Real Estate Taxes	\$	Investment Expenses	\$
Personal Property Taxes	\$	Unreimbursed Cell Phone	\$
State Income Taxes	\$	Legal Fees	\$
INTEREST PAID		Hobby Expenses	\$
Home Mortgage Interest	\$	Miles to 2 nd Job Location	\$
Points Paid at Closing	\$	Educator Expenses	\$
Closing Cost Paid	\$	Unreimbursed Business Travel	\$
Investment Interest	\$	Parking/Tolls	\$
Business Loan Interest	\$		
Business Car Loan Interest	\$	ADDITIONAL DEDUCTIONS NOT LISTED	
CASUALTY LOSSES			\$
Accident/Fire/Theft/Disaster	\$		\$
VOLUNTEER WORK EXPENSES			\$
Religious/Charitable Organization	\$		\$
Mileage	\$		\$
GAMBLING LOSSES			\$
Gambling Losses	\$		\$
CHARITABLE CONTRIBUTIONS			\$
Value of Furniture or Clothing	\$		\$
Religious Offerings	\$		\$
Goodwill/Salvation Army	\$		\$
Value of Car Donation	\$		\$
Misc. Contributions	\$		\$
DISCLAIMER: I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.			
TAXPAYER:		DATE:	
SPOUSE:		DATE:	

SELF-EMPLOYMENT QUESTIONNAIRE

Business Description _____
Name of Business _____

Income

Amount from 1099-MISC (BOX 7 Non-employee Compensation) \$ _____ Number of 1099-MISC forms _____
Income NOT on 1099-MISC \$ _____

Expenses

Advertising	\$ _____	Office Expense	\$ _____
Contract Labor	\$ _____	Commission and fees	\$ _____
Depletion	\$ _____	Employee benefit programs	\$ _____
Health Insurance	\$ _____	Insurance (other than health)	\$ _____
Mortgage interest	\$ _____	Other interest	\$ _____
Legal/Professional Svc	\$ _____	Rent/ lease of equipment	\$ _____
Rent/ lease of property	\$ _____	Supplies	\$ _____
Repairs and maintenance	\$ _____	Travel	\$ _____
Taxes and licenses	\$ _____	Utilities	\$ _____

Meals and entertainment (50%) Enter 100% of the expenses. \$ _____
Meals and entertainment (80%) Enter 100% of the expenses. (DOT Drivers ONLY) \$ _____

Car & Truck Expenses

Gas \$ _____ Repairs \$ _____ Tires \$ _____ Vehicle Description: _____
Oil \$ _____ Insurance \$ _____ Date in service: _____

Business Miles Driven _____ Total Miles Driven _____

1. What type business do you own? _____
2. What is your business name? _____
3. How long have you owned your business? _____
4. Can you provide any documentation to substantiate your business? i.e. Business license, Tax returns, etc. _____
5. Who maintains the business records? _____
6. Do you maintain separate banking accounts for personal and business transactions?
➤ If not, how do you differentiate between personal and business transactions?

7. How did you compute your business income? _____
8. Do you have books or records to support your income computation? _____
9. Do you have receipts to support your expenses? _____
10. Do you have business cards? _____

Taxpayer Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

EARNED INCOME CREDIT			
Part I: Qualifications			
Could you, or your spouse if filing jointly, be considered a "Qualifying Child" on another person's tax return during tax year 2019?	Yes	No	
NOTE: If you answered "Yes", you are not able to qualify for the earned income credit (skip Part II and Part III).			
Part II: Qualifying Children		Child 1	Child 2
Is the Child: The Taxpayer's Son, Daughter, or adopted child OR A child of the Taxpayer's son, daughter or adopted child OR The Taxpayer's stepchild OR The Taxpayer's eligible foster child?	Name	Name	
	Yes	No	Yes No
If the child is married, are you claiming this child as a dependent? (If child is not married, then simply mark yes)	Yes	No	Yes No
Did the child live with you in the United States for over half of the year, OR The full year if the child is an eligible foster child?	Yes	No	Yes No
Was the child, at the end of the year: Under age 19 OR Under age 24 and a full-time student OR Any age and permanently and totally disabled?	Yes	No	Yes No
Could any other person check "Yes" on lines 9 through 12 for the child? Prep Note: If yes, questions on line 13b and 13c must also be answered. (line 13a)	Yes	No	Yes No
<ul style="list-style-type: none"> • If you checked "No" on any of the first four questions above, then: The child is not the taxpayer's qualifying child. If the taxpayer does not have a qualifying child, go to "Part III" to see if the taxpayer can claim the EIC for people who do not have qualifying children 			
Part III: Earned Income Credit for Taxpayers without a Qualifying Child			
Was your main home, and your spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the U.S. are considered to be living in the U.S. during that period.)	Yes	No	
NOTE: If you answered "No", you are not able to qualify for the earned income credit (skip Part II and Part III).			
Part IV- Due Diligence Requirements			
To comply with the EIC knowledge requirement, you must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to or known by you, and you must make reasonable inquiries if the information furnished appears to be incorrect, inconsistent, or incomplete. At the time you make these inquiries, you must document in your files the inquiries made and the taxpayer's responses.			
Form 8879 Information			
(1) = Check mailed from IRS	(4) = Balance Due	Taxpayer's PIN	Spouse's PIN
(2) = Direct Deposit to TP's Acct.	(5) = RA/RT		
Was the return prepared by the Taxpayer (self-prepared)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was the return prepared by a Paid-Preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

TAXPAYER QUESTIONNAIRE REVIEW

The above information is true and correct, and I / we understand that the information given on this questionnaire will be used to complete my / our 2018 tax return(s). I / We agree to hold this company harmless for any errors that they may make on my / our tax return. I / We also understand that error on my / our return will cause a delay in the processing of the return and the receipt of the refund, if any.

Taxpayer Signature: _____

Date: _____

Spouse Signature: _____

Date: _____

FINANCIAL PRODUCTS

Complete the following if refund type is a RA/RT

Identification Information: Bank Products require at least 1 of the following forms of ID

- Driver's License DMV/BMV State ID Military ID US Passport/Resident Alien ID
 Matricular Consular Foreign Passport

Taxpayer ID NUMBER _____ STATE _____ EXP. DATE _____

Spouse ID NUMBER _____ STATE _____ EXP. DATE _____

Application Information:

If filing a joint return, who is borrower? T = Taxpayer Only; S = Spouse Only; B = Both Taxpayer & Spouse

With the IRS removing the Debit Indicator (DI), there is a chance that a RA/RT will not be refunded in full.

Some reasons for not getting a complete RT refund:

1. IRS says you owe back taxes
2. IRS says you have a current garnishment
3. IRS is auditing your Earned Income Credit
4. Earned Income Tax Credit (EITC) is claimed and an EITC qualifying child is a foster child
5. You have an outstanding debt with any bank that provides RA/RT

PLEASE NOTE - WE DO NOT HAVE ANY CONTROL OVER THE ABOVE REASONS!

Taxpayer Initial _____ Spouse Initial _____

I understand that all information I have provided on this form is true. If any of this information is incorrect, I understand that a formal letter will be sent if the refund is not paid in full.

In addition, I understand that my refund may be provided to me in more than 1 check.

Taxpayer Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

FOR OFFICE USE ONLY

Process Checklist (to be included in customer file)

- Make copies of form of ID and Social Security cards
- Interview sheet filled out
- One copy of tax return, W-2s and/or 1099 (Taxpayer & Spouse, if applicable)
- Signature on 8879/Pin # and Bank application



General Engagement Letter for Tax Return Preparation

Tax Preparation:

- a) We will prepare your federal and state tax return(s) with supporting schedules for the applicable tax year based on information you provide us.
- b) You will provide any requested records needed in order to complete the tax return(s) preparation.
- c) We will not audit or otherwise verify your records to discover errors or omissions, should any exist. However, if we find irregularities or unusual items, we will bring them to your attention and/or ask for clarification.
- d) We will provide bookkeeping assistance necessary to complete the tax preparation at an additional charge.
- e) You attest that income and expense items you claim are substantiated by proper records and receipts and can furnish such documentation in the event of an audit.
- f) You attest that the information you provide is accurate and complete to the best of your knowledge.
- g) You are ultimately responsible for the accuracy of the tax return(s) and should review all documents carefully before signing.

Fees & Payment:

- a) All preparation fees are invoiced per tax return per tax year.
- b) Our fees are based on the complexity of your tax return(s) as well as out-of-pocket expenses.
- c) We reserve the right to ask for a retainer to be paid in advance of work done from new clients and any client with whom we have experienced payment problems.
- d) In the event the client has any past due balances, we reserve the right to cease working on your tax return(s) or providing any other services until the balance has been paid in full or other acceptable payment arrangements have been made.
- e) Past due balances of more than 30 days are subject to 18% annual interest.
- f) At any time after 60 days past due, your account will be sent to SNG Collections. You are responsible for any court costs, attorneys' fees, and any costs resulting from collection attempts.

Important Notices:

- a) Where tax law is ambiguous or unclear, we will use our best judgment. Unless otherwise instructed by you, we will resolve such questions, when possible, in your favor.
- b) Penalties can be imposed when taxpayers understate their tax liability. If you would like information on these penalties, please contact us.
- c) If an extension of time is required, any estimated taxes owed must be paid when the extension is filed. Any amounts not paid by the filing deadline are subject to interest and late payment penalties.
- d) The IRS does not permit us to discuss your tax return except if authorized by the client by checking a specific box on your tax return. Unless otherwise instructed by you, we will check the box which authorizes the IRS to discuss your tax return with us.
- e) Your tax return(s) may be selected for audit by tax authorities. We are available to prepare materials in response to correspondence. However, these are additional expenses not included in our tax preparation fees and we will render additional invoices for the time and expenses incurred.

Taxpayer Name (please print): _____

Taxpayer Signature: _____ Date: _____

Gastonia, NC 28054
Office: (704) 915-2995 | Fax: (704) 973-9404
Email: gewreka@jgtaxconsultingservices.com