



**BOOKKEEPING
TAXES
PAYROLL
BUSINESS + COMPUTER CONSULTING**

924 JEFFERSON ST KERRVILLE TX 78028 | KBS@KERRBSI.COM | 830-257-7733

INDIVIDUAL TAX ORGANIZER FOR TAX YEAR _____

Your Name	S.S. # - -	Birthdate / /
Drivers License. #	DL Issue Date / /	DL Expiration Date / /
Occupation	Phone Number	E-mail Address
Spouses Name	S.S. # - -	Birthdate / /
Drivers License. #	DL Issue Date / /	DL Expiration Date / /
Spouse's Occupation	Phone Number	E-mail Address
Mailing Address		

DEPENDENTS

NAME	S.S. #	D.O.B.	RELATIONSHIP

Was there anyone else you contributed support, that resides in the U.S., Canada or Mexico?

NAME	S.S. #	D.O.B.	RELATIONSHIP	% SUPPORTED	INCOME OF PERSON
					\$
					\$

CHILD OR DEPENDENT CARE

Did you pay a baby-sitter last year?

NAME OF SITTER	S.S. #	ADDRESS	AMT. PD.
			\$
			\$



**BOOKKEEPING
TAXES
PAYROLL
BUSINESS + COMPUTER CONSULTING**

924 JEFFERSON ST KERRVILLE TX 78028 | KBS@KERRBSI.COM | 830-257-7733

ESTIMATED TAXES PAID	
DATE PAID	AMOUNT
	\$
	\$
	\$
	\$

APPLIED FROM PRIOR YEAR TAX RETURN
AMOUNT
\$

		Yes	No	N/A
4	Did you and all of your dependents have health insurance for all of 2017?			
6	Did you obtain Health Insurance through healthcare.gov (Obamacare)? If yes, please make sure that have included the 1095-A with the information you provided to us.			

The Following Questions are only for Clients that Are Claiming Dependents in 2017

Please Attach Proof of Residency for each child being claimed as a dependent. (School, Doctor or similar statement)

		Yes	No	N/A
1	Have you previously received a notice from the IRS indicating that the Earned Income Tax Credit, the Child Tax Credit or the American Opportunity Credit has been disallowed?			
2	Are any of your children over 19 and under 24 were they a full-time student for at least 5 months of the year? If Yes, which child _____			
3	Were any of your children permanently and totally disabled? If Yes, which child _____			
4	Can any of your dependents be claimed as a dependent by anyone else?			
5	Did each dependent live with you for more than half of the year? If no -			
	Is there a Form 8332, Release/Revocation of Claim to Exemption for Child by Custodial Parent			
6	During the past year, who paid for your household expenses such as rent, groceries and utilities? _____			
7	Could you provide documentation to substantiate income, dependent residency, age and relationship if required during an audit?			



BOOKKEEPING
TAXES
PAYROLL
BUSINESS + COMPUTER CONSULTING

924 JEFFERSON ST KERRVILLE TX 78028 | KBS@KERRBSI.COM | 830-257-7733

INCOME

ATTACH THE FOLLOWING (IF RECEIVED)

DOCUMENT	YES	NO
W-2'S		
1099-MISC		
1099 INT		
1099 DIV		
1099-SA		

DOCUMENT	YES	NO
1099-R		
1099 B		
SSA 1099		
K-1		
5498-SA		

DOCUMENT	YES	NO
W-2G		
1099 S		
1099 C		

Include all that have your Social Security number or your spouse's social security number on them.

	YES	NO
Did you sell your residence? If so please provide documents for home sale and purchase.	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any farm income? If so please provide details as to income and expenses.	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any tips that you did not report to your employer? If so how much did you receive? \$	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive alimony? If so how much did you receive? \$	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any changes, withdrawals, transfers or additions to your retirement accounts that you have not already provided the documentation to us? If so please explain.	<input type="checkbox"/>	<input type="checkbox"/>

Is there any additional income that you received that you have not provided to us? If so, please explain

DEDUCTIONS

Medical

Medical expenses in excess of 10% of Adjusted Gross Income (7.5% if you were born before 1949) can be deducted. If you had substantial medical expenses please total your receipts and provide a summary by category.

CATEGORY	AMOUNT
Prescription medications	\$
Medical and Dental Care	\$
Insurance Premiums for medical care, other than self-employed health insurance	\$
Self-employed insurance premiums	\$
Number of nights you incurred lodging expense for medical purposes.	
Number of nights your spouse incurred lodging expense for medical purposes.	
Total Medical Miles driven (you must have a detailed log showing each trip)	



**BOOKKEEPING
TAXES
PAYROLL
BUSINESS + COMPUTER CONSULTING**

924 JEFFERSON ST KERRVILLE TX 78028 | KBS@KERRBSI.COM | 830-257-7733

TAXES, INTEREST AND CONTRIBUTIONS

		YES	NO
Did you pay real estate taxes? If so how much?	\$	<input type="text"/>	<input type="text"/>
Did you pay personal property taxes? If so how much?	\$	<input type="text"/>	<input type="text"/>
Did you make any large purchases (cars, boats, motorcycles, R.V.'s etc)? If so provide total sales tax paid and attach documentation supporting tax paid.	\$	<input type="text"/>	<input type="text"/>
Did you pay mortgage interest? If so attach 1098 from Financial Institution		<input type="text"/>	<input type="text"/>
Did you make Cash contributions to charities? If so attach receipts.		<input type="text"/>	<input type="text"/>
Did you make Non-Cash contributions to charities? Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, value at time of donation, how value was determined and how you acquired the property.		<input type="text"/>	<input type="text"/>

MISCELLANEOUS EXPENSES

Union & Professional Dues	\$
Professional subscriptions, books and supplies	\$
Uniforms & Protective	\$
Tax Preparer Fees	\$

Taxpayer Educator Expenses	\$
Spouse Educator Expenses	\$
Safe Deposit Box Rental	\$
Job Search Costs	\$

EDUCATION EXPENSES (attach 1098-T)

Name of Student	<input type="text"/>	Tuition Expenses	\$
Name of Institution	<input type="text"/>	Dates Attended	<input type="text"/>
Education Purpose	<input type="text"/>		

Name of Student	<input type="text"/>	Tuition Expenses	\$
Name of Institution	<input type="text"/>	Dates Attended	<input type="text"/>
Education Purpose	<input type="text"/>		



BOOKKEEPING
TAXES
PAYROLL
BUSINESS + COMPUTER CONSULTING

924 JEFFERSON ST KERRVILLE TX 78028 | KBS@KERRBSI.COM | 830-257-7733

OTHER EXPENSES

Did you use your personal vehicle to run errands, chase parts, carry job tools, etc. for your employer? YES NO
 Include Job Hunting. If so please explain. _____

How many miles did you drive for the year? _____
 How many miles did you drive for business? _____
 Description of vehicle including make, model and year. _____

Do you have other employee business expenses that were not reimbursed? If so attach documentation supporting expenses.
 Did you make modifications to your home for the handicapped? If so, please describe _____

YES NO

How much did the modifications cost? \$ _____

Did you move last year? Date Moved _____

How many miles did you drive for the year? _____

How many miles did you drive for business? _____

Transportation Costs? \$ _____ Storage Costs? \$ _____ Travel & Lodging? \$ _____

How much were you reimbursed that was not included in your wages? \$ _____

Did you or your spouse contribute to a REGULAR IRA () ROTH IRA () SIMPLE IRA ()
 If so, how much? You? \$ _____ Spouse? \$ _____

Do you have a retirement plan at work?

Did pay alimony? If so, how much? \$ _____
 Recipients Name _____ S.S. # _____

DIRECT DEPOSIT OF REFUND

YES NO

The IRS is able to directly deposit tax refunds to your bank account. If eligible for a tax refund do you want direct deposit?

If so please provide a voided check (not a deposit split)

What type of account is this? Checking () Savings ()



BOOKKEEPING
TAXES
PAYROLL
BUSINESS + COMPUTER CONSULTING

924 JEFFERSON ST KERRVILLE TX 78028 | KBS@KERRBSI.COM | 830-257-7733

The Following Questions are only for Clients that Operate a Farm or Ranch

		Yes	No	N/A
1	What is your principal crop or activity? _____			
2	Did you pay individuals for services in excess of \$600?			
	If yes, did you issue or will issue 1099's to all of those individuals?			
3	Do you use a vehicle for farm and ranch purposes? If yes please provide the following for each vehicle used for farm and ranch purposes – make and model, date placed in service, total miles and farm and ranch miles.			
4	If you use a vehicle for farm & ranch purposes, do you have a daily log to substantiate business use?			

The Following Questions are only for Clients that Own Rental Property

		Yes	No	N/A
1	Did you pay individuals for services in excess of \$600?			
	If yes did you issue or will issue 1099's to all of those individuals?			
2	Do you use a vehicle as part of your rental business? If yes please provide the following for each vehicle used – make and model, date placed in service, total miles and business miles.			
3	If you use a vehicle in your rental business, do you have a daily log to substantiate business use?			
4	Did you purchase any equipment, major appliances or make major repairs? If yes, please provide us with a listing identifying what was purchased, amount paid and date of transaction.			



BOOKKEEPING

TAXES

PAYROLL

BUSINESS + COMPUTER CONSULTING

924 JEFFERSON ST KERRVILLE TX 78028 | KBS@KERRBSI.COM | 830-257-7733

LLC's

List All LLC's Owned that you want KBS to file the Annual Franchise and Public Information Reports. If there have been changes in ownership, registered agent or mailing address since the prior filing please provide these changes. Please also provide a copy of the prior year's filing.

PLEASE ATTACH A COPY OF YOUR PRIOR TWO YEARS OF TAX RETURNS

DECLARATION :

I have provided the information on this form to the best of my knowledge and hereby declare it is complete and ready for the preparation of my/our income tax returns. I acknowledge having the supporting documentation necessary to fully substantiate all deductions listed.

SIGNATURE

DATE