



**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	Occupation
E-mail Address	Phone Number
Spouses Name	Occupation
E-mail Address	Phone Number
Mailing Address	

DEPENDENTS

NAME	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.
			\$
			\$

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

APPLIED FROM PRIOR YEAR TAX RETURN
AMOUNT
\$



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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"/>

DEDUCTIONS

Medical

Medical expenses in excess of 7.5% of Adjusted Gross Income 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)	_____

TAXES, INTEREST AND CONTRIBUTIONS

	YES	NO
Did you pay real estate taxes? If so how much? \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay personal property taxes? If so how much? \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>



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Did you pay mortgage interest? If so attach 1098 from Financial Institution

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Did you make Cash contributions to charities? If so attach receipts.

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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.

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EDUCATION EXPENSES (attach 1098-T)

Name of Student		Tuition Expenses	\$
Name of Institution		Dates Attended	
Education Purpose			

Name of Student		Tuition Expenses	\$
Name of Institution		Dates Attended	
Education Purpose			

OTHER ITEMS

Did you or your spouse contribute to a REGULAR IRA [] ROTH IRA [] SIMPLE IRA []

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If so, how much? You? \$ _____ Spouse? \$ _____

Do you have a retirement plan at work?

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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?

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

What type of account is this? Checking [] Savings []



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For all individuals on the tax return please provide.

Copy of social security card.

Copy of driver's license for tax payer and spouse

For children – proof of residency (such as school record with address or medical record)

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