

# KJH FINANCIAL SERVICES

[www.kjhfinancialservices.com](http://www.kjhfinancialservices.com)

## Taxes. Investments. Planning. Tax Organizer.

Use this tax preparation checklist to help you better organize your income tax data for preparation of your income tax return. This information will facilitate the interview and return preparation process, and assist us in keeping your fee as low as possible. Please attach supporting documents.

### TAXPAYER INFORMATION

Name: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Occupation of Taxpayer: \_\_\_\_\_

### SPOUSE INFORMATION

Name: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation of Taxpayer: \_\_\_\_\_

### FILING STATUS

- 1 – Single
- 2 – Married Filing Joint Return
- 3 – Married Filing Separate Return
- 4 – Head of Household
- 5 – Qualifying Widow(er)
- 6 – Dependent of Another Taxpayer

Taxpayer age 65 or over  
Spouse age 65 or over

Taxpayer Blind  
Spouse Blind

### DEPENDENTS

Name	Birth Date	Social Security Number	Relationship	No. of months lived in taxpayer's home	Dependent had income over \$1,900	Taxpayer provided over 1/2 dependent support

### SALARIES WAGES

Employer	Compensation	Federal Withholding	State Withholding	City Withholding	FICA	Medicare Taxes

**DIVIDENDS RECEIVED**

Received From	Amount Received

**INTEREST RECEIVED**

Received From	Amount Received

**OTHER INCOME (DESCRIBE) ATTACH SUPPORTING DOCUMENTATION****Amount**

Alimony Received	
Partnership/Estate/Trust/S Corp	
Rent and Royalties	
Sales or Exchanges of Property	
Social Security Benefit	
State and Local Income Tax Refunds	
Unemployment Compensation	

**ESTIMATED INCOME TAXES PAID FOR THIS YEAR****Federal****State**

Qtrly Payment Due 4/15		
Qtrly Payment Due 6/15		
Qtrly Payment Due 9/15		
Qtrly Payment Due 1/15		

**ADJUSTMENTS****Taxpayer****Spouse**

Traditional IRA payments		
ROTH IRA payments		
SEP payments		
Penalty on Early Withdrawal		
Alimony Paid		

**MEDICAL AND****DENTAL EXPENSES****Taxpayer****Spouse**

Insurance Premiums		
Prescription Drugs		
Doctors, Dentist, Optical, ect.		
Medical Mileages		
Other (list)		
Reimbursement for Above Expenses		

**TAXES PAID****Amount**

<b>State and Local Income</b>	
<b>Real Estate</b>	
<b>Property tax (include "owner tax" on MA car registration)</b>	

**INTEREST PAID (include all –we will calculate any limitation)**

<b>Home Mortgage – To Financial Institutions</b>	
<b>Home Mortgage – To Individuals – Name</b>	
<b>Address</b>	
<b>Name</b>	
<b>Address</b>	
<b>Deductible Points on Home Mortgage</b>	
<b>Student Loans</b>	
<b>Other (Attach Schedule)</b>	

**CHILD CARE**

<b>Child Care Provider</b>	
<b>Name</b>	
<b>Address</b>	
<b>Amount:</b>	
<b>Name</b>	
<b>Address</b>	