

How did you hear about JLD Tax?

ALL INFO SAME AS LAST YEAR ?

Are you eligible to be claimed as a dependent on another tax return ?

Yes / No
Yes / No

	TAXPAYER INFO:	SPOUSE, if applicable:	Are you filing as:
First Name			Single
Middle Name			Married Joint
Last Name			Married Separate
Social Security #			or
Date of Birth			Head of Household
Occupation			
Cell Phone #			
Home Phone #			
Home Address			
Apt #			
City			
State			
Zip			
E-mail address			

DEPENDENTS INFO:	Dependent # 1	Dependent # 2	Dependent # 3
First Name			
Middle Name			
Last Name			
Social Security #			
Date of Birth			

If you want direct deposit of your refund or your taxes paid by ACH, please provide:

Bank Routing # \_\_\_\_\_ Bank A/C # \_\_\_\_\_  
 Checking or Savings? And Bank Name \_\_\_\_\_

Did you acquire a new interest in a partnership or S-Corp in 2016?

Yes / No

Were you notified by the IRS, State and/or City of any change to any prior tax return ?

Yes / No

If you were not a resident of NY State, did you maintain living quarters in NY State ?

Yes / No

If you are not coming back in to pick up your tax returns, how do you want them sent to you ?

Secure Online Portal / E-mail / Messenger - \$ 25 / Priority Mail - \$ 10

Please provide us with originals or copies of all W-2s, 1099s, 1095s, 1098s, K-1's as well as a copy of last year's tax returns (Fed & States) and any other paperwork that may affect your taxes. **ALL INFORMATION ALWAYS KEPT CONFIDENTIAL**

**Questions about your DEDUCTIONS :**                      [jldtax.com](http://jldtax.com)                      **201-604-2432**  
**(Please keep in mind most of the below may also apply to your spouse and/or dependents.)**

	YES	NO
1) Did you incur any child care expenses ? If yes, please provide the caregivers name, tax I.D. or S.S. #, how much ?	<input type="checkbox"/>	<input type="checkbox"/>
2) Did you pay college tuition for you, your spouse and/or a dependent ? If Yes, please provide us with form 1098-T from the educational institution	<input type="checkbox"/>	<input type="checkbox"/>
3) Did you contribute to a qualified State Tuition Plan (i.e. 529 plan) ? Amount contributed and to which State Plan:	<input type="checkbox"/>	<input type="checkbox"/>
4) Did you pay any alimony ?     Amount:	<input type="checkbox"/>	<input type="checkbox"/>
5) Do you own your primary residence ? If yes, how much did you pay in real estate taxes ? If yes, how much did you pay in mortgage interest ? If no and a New Jersey resident, how much did you pay in rent?	<input type="checkbox"/>	<input type="checkbox"/>
6) Did you make any IRA or other retirement plan contributions ? <b>(not including 401ks at work)</b> Amounts contributed and type of plan:	<input type="checkbox"/>	<input type="checkbox"/>
7) Did you make any charitable contributions to qualified organizations ? Amounts & Details :	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Please provide us with receipts (copies are fine) for any donation valued above \$ 250. Thanks.</i></b>		
8) Do you have a household employee ?	<input type="checkbox"/>	<input type="checkbox"/>
9) If you moved more than 50 miles for work reasons, did you incur any moving expenses ? Amounts & Details :	<input type="checkbox"/>	<input type="checkbox"/>
10) Did you make any quarterly estimated tax payments ? Amounts & Dates :	<input type="checkbox"/>	<input type="checkbox"/>
11) Did you make any gifts of more than \$ 14,000 to any one US person ?	<input type="checkbox"/>	<input type="checkbox"/>
12) Did you suffer any casualty and/or theft losses that exceeded 10% of your income ?	<input type="checkbox"/>	<input type="checkbox"/>
13) Did your total medical expenses during the year exceed 2% of your income ?	<input type="checkbox"/>	<input type="checkbox"/>
14) Did you incur any UNREIMBURSED expenses related to your job ? Please list any unreimbursed job expenses on the next page	<input type="checkbox"/>	<input type="checkbox"/>
15) Do you have any worthless stocks or uncollectible bad debts ?	<input type="checkbox"/>	<input type="checkbox"/>
16) Did you receive any reimbursements for deductions (usually medical) claimed in prior years ?	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Information/Explanations of Answers Above:**

Questions about your INCOME :

[jldtax.com](http://jldtax.com)

201-604-2432

(Please keep in mind most of the below may also apply to your spouse and/or dependents.)

	YES	NO
1) What was your immigration status in 2016 and if it has changed what is it now?		
2) Was your entire family covered by health insurance during 2016 ? If yes , please provide form 1095-A, 1095-B, or 1095-C.		
3) Did you receive any alimony ?		
4) Did you receive gifts more than \$ 14,000 from any one person ?		
5) Did you withdraw any IRA, Keogh, and/or pension funds ?		
6) Did you receive any income from rental real estate that you own ? If yes, please fill out the page 5.		
7) Did you sell any real estate (primary residence or investments) ?		
8) Did you receive any gambling winnings ?		
9) Did you receive any unemployment and/or jury duty income ?		
10) Did you sell any stocks (whether you made money or not) ?		
10) Did you receive a state income tax refund during 2016 ?		
11) Do you have any funds in foreign bank accounts and/or earn any foreign income ? If yes, how much ?		
12) Are you a signer on a foreign bank account ?		
13) Did you change your state residency during last year ? If yes, please provide the date you moved?		
14) Did you have any debt cancelled/forgiven by the lender/credit card company?		
15) Did you receive any other income during last year ?		

**REMEMBER: ALL WORLDWIDE INCOME MUST BE REPORTED**

Alimony:   
Jury Duty:

Gambling Winnings:   
Cancellation of Debt:

Additional Information/Explanations of Answers Above:

Please provide us with originals or copies of all W-2s, 1099s, a copy of last year's tax returns (Fed & States), and any other paperwork that may affect your taxes.

*By completing this tax organizer and signing below, you certify that all of the information entered onto this tax organizer (all sheets & tabs) is true and complete to the best of your knowledge and belief. You are authorizing this information to be used in the preparation of your income tax returns by JLD Tax & Accounting LLC. You are also authorizing JLD Tax & Accounting LLC to mail and e-mail you information and newsletters. If you would like to be removed from our mailing list at anytime please send an e-mail to [jldonenfeld@jldtax.com](mailto:jldonenfeld@jldtax.com) or call us at 201-604-2432.*

TAXPAYER SIGNATURE:

DATE:

SPOUSE SIGNATURE:

DATE:

**THIS SHEET IS FOR Taxpayers who are self-employed, SINGLE MEMBER LLCs, or employees who had unreimbursed job expenses:**

<b>EXPENSES (fill in only what applies to your business) :</b>		<b>INCOME:</b> <a href="http://jldtax.com">jldtax.com</a> / 201-604-2432	
Advertising & Marketing		Income on 1099-MISC	
Bank Fees & Credit Card Merchant Fees		Income on 1099-K (from credit card processors)	
Business Gifts ( <b>up to \$ 25 per client</b> )		Other income (not on 1099s)	
Business Meals and Entertainment		<b>TOTAL GROSS INCOME:</b>	
Commissions		Did you make any payments that would require you to file a 1099?	YES / NO
Continuing Education & Seminars		(\$600 or more annually to Individuals and LLCs)	
Contract Labor		If YES, did you issue all required 1099s ?	YES / NO
Cost of Goods Sold (we can help with this)		Did you pay health insurance premiums ?	YES / NO
Employee Benefits (specify type please)		If YES, how much ?	
Equipment Rent		<b>COMPUTERS, EQUIPMENT &amp; SOFTWARE \$ 500 OR OVER :</b>	
Insurance (specify type please)		List each specific item along with its purchase date:	
Interest (specify type please)			
Internet			
Legal & Professional Fees			
Licenses & Permits			
Office Expenses			
Office Rent		<b>HOME OFFICE EXPENSES:</b>	
Office Supplies		Total Square Footage of Home:	
Other taxes (non payroll related)		Square Footage of Home Office <b>EXCLUSIVELY</b>	
Payroll service provider		used for business:	
Payroll Taxes		Total Rent Paid:	
Repairs and Maintenance		Insurance:	
Salaries paid to employees		Internet:	
Shipping and Postage		Repairs & Maintenance:	
Small tools & equipment (under \$ 500 each)		Telephone & Fax:	
Tax Preparation and Accounting		Utilities:	
Taxis		<b>BUSINESS VEHICLE EXPENSES:</b> Do you have another vehicle for personal use? Y/N	
Telephone/Fax (Landline & Cellular)		If Car was PURCHASED, DATE OF PURCHASE:	
Trade Publications		Make, Model, and Year of Car:	
Travel		Amount paid for car or monthly lease payment:	
Uniforms & Dry Cleaning of uniforms		Total miles driven during the year:	
Utilities		Business miles (do not include commuting miles):	
Vehicle Rentals		Gas:	
Miscellaneous expenses		Insurance:	
Other _____		Parking:	
Other _____		Repairs & Maintenance:	
Other _____		Tolls:	

<b>RENTAL REAL ESTATE:</b>	<b>Rental Property # 1</b>	<b>Rental Property # 2</b>
Complete Address:		
Date Purchased:		
Purchase Price:		
Value of Building(s)/Land:		
# of Days Rented Out:		
# of Days of Personal Use:		
Rental Income Received:		
Capital Improvements:		
<b>EXPENSES:</b>		
<i>Auto MILES driven</i>		
Advertising & Marketing		
Association dues		
Travel		
Cleaning & Maintenance		
Commissions		
Insurance		
Legal & professional fees		
Licenses & Permits		
Management fees		
Mortgage interest on form 1098		
Other interest		
Repairs (not capital improvements)		
Supplies		
Pest control		
Property Taxes		
Utilities		
Yard work & Snow removal		
Other _____		
Other _____		

Repairs can be related to electrical, heating/air conditioning, plumbing & roofing

Utilities can consist of electricity, heat, telephone, trash removal, water/sewer, internet/TV

Please be as specific as possible when classifying expenses

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