**Jesus Alcala Income Tax Service** 617 Veterans Blvd. Suite 111, Redwood City, CA 94063 phone: (650) 587-5234 fax: (650) 587-4560

**Please Fill Out This Tax Organizer Completely**

**Personal Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| YOUR NAME | | |  | | | | | | | | | | DOB | | | | |  | | | | SS# |  | | | OCCUPATION | | |  | | |
| YOUR SPOUSE |  |  | | | | | | | | | | | DOB | | | | |  | | | | SS# |  | | | OCCUPATION | | |  | | |
| ADDRESS | | |  | | | | | | | | | | |  | CITY | | | | |  | | | | | | | | ZIP |  |  |  |
| Home Phone | | |  | |  | | | | | Cell Phone | | | | | | |  | | | | | | | | Work Phone | |  | | |  |  |
| (Call me on my) | | | | Cell | |  | Home |  | Work | |  | After | | | |  | | |  | | \*Email | | |  | | | | | | | |

**Filing Status**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MARRIED | **\_\_\_\_\_\_** | SINGLE | **\_\_\_\_\_\_\_** | HD OF HOUSEHOLD | **\_\_\_\_\_\_\_\_** | MARRIED FILING SEPERATE | **\_\_\_\_\_\_\_\_** | WIDOW(ER) | \_\_\_\_\_\_\_ |

**DEPENDENTS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name**  **(First, Last)** | **Relationship** | **Date of Birth** | **Social Security Number** | **Months Lived With You** | **Disabled** | **Full Time Student** | **Dependent’s Gross Income** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**INCOME (Attach a copy of W-2, 1099s)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employer |  | Amount |  |  | Employer |  | Amount |  |
| Employer |  | Amount |  |  | Other Source |  | Amount |  |

**OTHER INCOME (Please attach 1099-Int, 1099-Div, 1099-R, Schedules, etc.)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Income Tax Refund (Fed) | | | | |  |  | Social Security | | |  | | Partnerships |  |
| Alimony Received | | |  |  | | | Self-Employed | | |  | | Pension |  |
| Sale of Property | |  | | | | | Rental Property | | |  | | IRA Distribution |  |
| Unemployment |  | | | | | | 1099K |  |  | |  | Other | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ITEMIZED DEDUCTIONS (Attach and include information)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medical Expenses | |  | | | Contributions | | | | | | |  | | | | | **Interest Paid** | | | |  | | | | **Taxes** |  | | |
| Insurance Premiums | | |  | | | Church | | | |  | | | | 1st Mortgage | | | |  | | | | Property Taxes | | | | | |  |
| Doctors/Dentist |  | | | | | | Misc. Cash | | | |  | | | | 2nd Mortgage | | | |  | | | | Car Tags | | |  | | |
| Insurance Reimbursement | | | |  | | | | | Other | | |  | | | Student Loan | | | |  | | | | Sales tax | | |  | | |
| Tax Preparation Fee Paid Last Year **(if known)** | | | | | | | |  | | |  | |  | | |  | | | |  | | | |  | | |  | | |

**Note: CHECK AND FURNISH INFORMATION ON THE FOLLOWING:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Moving Expense | | |  | | Job Education |  | | |  |
| Casualty Loss |  | |  | | Job Expenses (non-refundable) | | |  | |
| Buy/Sell Home | |  | | **(Bring with you or send settlement statement** | | |  |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child Care | \_\_\_\_\_ | SS# or Fed I.D. # of Care Provider | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Amount You Paid | \_\_\_\_\_\_\_\_\_\_\_\_ | | Employer Paid | | \_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Care Provider Name | | |  | | | | |  |  | | | |  |  |  |  |
| Care Provider Address & Phone Number | | | | |  | | | | |  | |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Purchased IRA amount |  | Regular |  | Roth |  | Education | | |  | | | | Converted to Roth | | | | |  |
|  | Contributed to SEP or other personal retirement **(excluding through employer)** | | | | | | |  |  | |  |  |  | |  |  |  | (provide details) | |

**SPECIAL NOTES: Make sure all SS#’s are correct especially with dependents and be sure you have a legal right to claim them. IRS is targeting Earned Income Credit and making sure you are eligible to receive. \*\*We need signed mileage logs for business miles, firefighters, police officers, nurses, emt’s, court reporters, etc.\*\***

**(Quickest) Direct Deposit \_\_\_\_\_\_\_\_\_ Check from IRS \_\_\_\_\_\_\_\_\_\_**

**Name of Bank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checking Account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Savings Account\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Routing Number (nine digits on left front lower corner of your check) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Account Number (if joint return, both names must be on account) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I will be paying by: Cash \_\_\_\_\_ Check \_\_\_\_\_ Debit/Credit Card\_\_\_\_\_**

**To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year’s income tax returns for which I have adequate records.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date**