



J&B Tax Accountants, Inc.
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SAME LOCATION SINCE 1979!
A PROFESSIONAL FIRM SPECIALIZING IN TAXATION.

Visit our website at www.jbtax.com

Call early to make your appointment OR stop in at your convenience and drop off your information!

We will process your return and call you when it is ready!



Items Your Tax Preparer Will Need:

Please provide all ORIGINAL forms.

- Your completed Tax Organizer
- All W-2 forms (wages) and all 1099 forms (retirement, interest, dividends, sale of stock).
- K-1s from partnerships, S-corporations, estates and trusts.
- If you bought, refinanced or sold a property this year, bring in a copy of your settlement statement.
- NEW CLIENTS** - please include a copy of last year's tax return

***Now offering
 FINANCIAL ADVISING!!
 Ask for details***

IMPORTANT NOTICE REGARDING ELECTRONIC FILING

As you are aware, J & B Tax Accountants, Inc. has been on the cutting edge of electronic filing for years. In order to best serve our clients and expedite the processing of your tax return, please make note of the following: IRS regulations state that we cannot e-file a tax return without signature(s) from the taxpayer and spouse (if applicable), and we require payment for the tax return prior to e-filing. For your convenience, we do accept credit card payment.

Have a great year and, "May all of your returns be refunds!"

INCOME – We request all ORIGINAL forms be provided.

• Wages (W-2 forms)	• Partnerships / S-Corps (K-1 forms)
• Social Security (SSA-1099 forms)	• Estates / Trusts (K-1 forms)
• Retirement (1099-R forms)	• Alimony Received
• Interest Income (1099-INT forms)	• Tips and/or gratuities (not reported on W-2)
• Dividend Income (1099-DIV)	• Gambling Winnings (W-2G forms)
• Prior Year State Refund (1099-G forms)	• Jury Duty / Election Board fees
• Unemployment Income (1099-G forms)	• Lawsuit Settlements

TAXPAYER INFORMATION

**Please provide full legal name as it appears on the social security card.*

Taxpayer (T)*:		Soc Sec #:		Date of Birth:	
Spouse (S)*:		Soc Sec #:		Date of Birth:	
Current Address:					
City:		State:		Zip Code:	
Primary Phone:		Work Phone (T):			
Second Phone:		Work Phone (S):			
Primary E-Mail:		Second E-Mail:			
Occupation (T):		Occupation (S):			

DEPENDENTS

Name*:		Soc Sec #:			
Relationship:		Date of Birth:		# of Months in current year:	
Name*:		Soc Sec #:			
Relationship:		Date of Birth:		# of Months in current year:	
Name*:		Soc Sec #:			
Relationship:		Date of Birth:		# of Months in current year:	

*** The Colorado Department of Revenue is taking new steps to safeguard personal information contained in tax records, and mitigate tax return and refund fraud caused by identity theft. To help secure your information, and expedite processing of your return, please provide driver's license information below. ***

Taxpayer Driver's License State of Issue -	Spouse Driver's License State of Issue -
Number -	Number -
Issue Date -	Issue Date -
Expiration Date -	Expiration Date -

Health Insurance Coverage Questionnaire
(check all boxes that apply)

Taxpayer

- Had health insurance for the entire year. (*)
- Had health insurance for part of the year. (*)
- No health insurance for entire year.

(*) Where was your insurance policy obtained? (circle one)

Employer Medicare Marketplace(Exchange) Private

Spouse (if applicable)

- Had health insurance for the entire year. (*)
- Had health insurance for part of the year. (*)
- No health insurance for entire year.

(*) Where was your insurance policy obtained? (circle one)

Employer Medicare Marketplace(Exchange) Private

Dependents (if applicable)

- All of your dependents had health insurance for the entire year. (*)
- All/some of your dependents had health insurance for part of the year. (*)
- All/some of your dependents had no health insurance for entire year.

(*) Where was your insurance policy obtained? (circle one)

Employer Medicare Marketplace(Exchange) Private

Notes to Preparer: _____

_____ Signature

ITEMIZED DEDUCTIONS

Medical Expenses		Ownership Taxes	
Out of pocket expenses ONLY.	Amount:		Amount:
Health/Dental/Vision insurance premiums**:	\$	Autos:	\$
<i>** Do not include pre-tax amounts.</i>		Recreational Vehicles:	\$
Long-Term Care insurance premiums:	\$	Trailers:	\$
Co-pays:	\$	Motorcycles:	\$
		Real Estate	
Prescribed drugs and Insulin:	\$	Interest paid (please provide 1098 forms)	
Hospitals/Ambulance:	\$	Primary Residence:	\$
Doctors and Clinics:	\$	Second Mortgage:	\$
Dentists and Orthodontists:	\$	Home Equity / Improvement loan:	\$
Glasses/Contact Lenses/Eye exams:	\$	Second Home and/or Land:	\$
Lab tests/X-rays:	\$	Taxes paid	
Hearing Aid and supplies:	\$	Primary Residence:	\$
Physical Therapy:	\$	Second Home and/or Land:	\$
Other (please list):	\$	Charitable Contributions	
		Cash / Check:	\$
		Non-Cash (List if over \$500)	\$
Medical Mileage (# of miles driven)		Charitable Miles (# of miles driven):	
Miscellaneous			
Union and Professional Dues:		Job seeking expenses:	
Professional/Work related subscriptions:		Financial Planning/Consultation fees:	
Tools/Supplies purchased for work:		Safe Deposit Box fee:	
Safety Equip. (helmets/protective clothing):		Gambling Losses (limited to gambling winnings):	
Special Uniforms for work:		Other (please list):	
Cleaning cost for Special Uniforms:			
Tax Preparation fee:			
Professional Licenses and fees:			

DEPENDENT CARE	HIGHER EDUCATION
Dependent name:	Student Name:
Provider Name:	School Year: Freshman Sophomore Junior Senior Graduate
Provider Tax ID #s:	**** PLEASE PROVIDE YOUR TAX PREPARER FORM 1098-T, TUITION STATEMENT FROM THE EDUCATIONAL INSTITUTION. ****
Provider Address:	
Amount Paid: \$	
	Student Loan Interest paid: \$

BUSINESS / SELF EMPLOYMENT INCOME

Business Name:	
Federal I.D. #:	
Year Business Started:	
Principal Business Activity:	

Please provide the total dollar amount for your business income and itemized totals for your business expenses. You are responsible for the accuracy of the numbers and need to keep all of your receipts on file in the event of an audit. If you would like us to total up your receipts for you, there will be an additional charge for your tax preparation.

BUSINESS INCOME AND EXPENSES

J & B Tax Accountants now offers detailed business worksheets on our website. Please visit our website at www.jbtax.com for current business and vehicle worksheets. Simply click on the "Forms" menu and print the needed material.

Business Vehicle Mileage

Actual Business Vehicle Expense

Total Mileage:	Written records kept? Y / N	Gas & Oil:	
Vehicle Description (Make/Model/Year):		Repairs / Maintenance:	
Beginning Odometer:		Insurance:	
Ending Odometer:		Licenses:	
Business Mileage:		Lease / Loan payments:	
Personal Mileage:		Other:	

RENTAL INCOME & EXPENSES

	Property #1 Location	Property #2 Location
Rental Income		
EXPENSES		
Advertising:	\$	\$
Auto Mileage:	\$	\$
Cleaning & Maint.:	\$	\$
Commissions:	\$	\$
Insurance:	\$	\$
Legal / Prof. fees	\$	\$
Management fees:	\$	\$
Mortgage Interest:	\$	\$
Other Interest:	\$	\$
Repairs:	\$	\$
Supplies:	\$	\$
Taxes:	\$	\$
Utilities:	\$	\$
Other (LIST):	\$	\$

ESTIMATED TAX PAYMENTS

1 st Quarter (Due April 15)	
I.R.S.: \$	State: \$
Date Paid:	Date Paid:
2 nd Quarter (Due June 15)	
I.R.S.: \$	State: \$
Date Paid:	Date Paid:
3 rd Quarter (Due September 15)	
I.R.S.: \$	State: \$
Date Paid:	Date Paid:
4 th Quarter (Due January 15)	
I.R.S.: \$	State: \$
Date Paid:	Date Paid:

IRA's

Did you contribute to an IRA?	<u>TAXPAYER</u>		<u>SPOUSE</u>	
Roth IRA	Y / N	\$	Y / N	\$
Traditional IRA	Y / N	\$	Y / N	\$
Section 529 Education Plan	Y / N	\$	Y / N	\$