

J-tax-S Inc.

2909 South Queen Street, Dallastown, PA 17313
Office: (717) 246-3398 www.j-tax-s.com

Client Worksheet

These forms will be a yearly occurrence so that we can reverify your information and keep our records up to date. Thank you for taking the time to complete these documents so we can continue to serve our clients while staying in compliance with the IRS. If we do not ask these questions and stay in compliance, we can personally be fined.

Documents we are required to have are...

Driver's License, State ID, or Passport for taxpayer and spouse
Social Security Cards for each person on return

Personal Information:

Taxpayer Name: _____

Spouse Name: _____

SS#: _____

SS#: _____

DOB: _____

DOB: _____

Occupation: _____

Occupation: _____

Are either legally blind or disabled? _____ (must provide Doctor Statement)

Taxpayer Email: _____

Spouse Email: _____

Cell Phone: _____

Cell Phone: _____

Home Phone: _____

Address: _____

List the names and relationship of everyone who lived in your home last year if not a dependent on the other sheet.

Have you ever been notified by the IRS that the Earned Income Tax Credit or Child Tax Credit claimed on a return filed by you was denied or reduced?

YES NO

At any time during 2019 did you receive, sell, exchange, or otherwise acquire any financial interest in any virtual currency?

YES NO

Did you move last year? YES NO Was move job related? YES NO

If yes, please provide previous address, school district, municipality and date of move _____

Do you own your home and pay Real Estate Taxes? _____ Mortgage Interest? _____

J-tax-S Inc.

2909 South Queen Street, Dallastown, PA 17313
Office: (717) 246-3398 www.j-tax-s.com

Do you owe a re-payment for the First Time Homeowner Credit?

YES NO

Did you provide financial assistance to anyone else?

YES NO

Did you receive or pay alimony?

YES NO

Do you have any out-of-pocket job expenses?

YES NO

Did you pay any student loan interest?

YES NO

Did you make any charitable contributions or goods? (provide receipts)

YES NO

Do you have assets or financial accounts outside of the U.S.?

YES NO

Did you receive any of the following?

Jury Duty income Gambling/lottery winnings Tips not reported on W-2 Disability income
 Bonuses Commissions and fees Workers Comp Prizes

Estimated Tax payments made (Dates and Amounts paid)

Federal

PA

Local

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did you contribute any money to an IRA in 2019 or plan to do so before April 15, 2020?

Taxpayer: Traditional \$ _____ Spouse: Traditional \$ _____
Roth \$ _____ Roth \$ _____

**Higher Education Contributions or Expenses, if not applicable skip,
(We will need form 1098-T and Account Summary of Tuition)**

Did anyone have Higher Education Expenses, if yes who? _____

YES NO

Were expenses paid by employer-provided educational assistance?

YES NO

Did you contribute to a "529" college savings plan for your **child** or **grandchild**? (circle which applies)

Name: _____ Name: _____ Name: _____

Amount: _____ Amount: _____ Amount: _____

J-tax-S Inc.

2909 South Queen Street, Dallastown, PA 17313
Office: (717) 246-3398 www.j-tax-s.com

Business/Self-Employment Income if not applicable skip (we may request any of these items to verify income and expenses)

How long have you owned your business? _____

Check next to any of the following you can provide to substantiate your business

- Business Cards Business Stationery Receipts or receipt book (with company header)
 Business/Occupational license (if required) Other tax returns (sales/excise, employment, etc.)
 Advertisements (newspaper, fliers, etc.) Other: _____

Who maintains the business records? _____

Do you maintain separate accounts for personal and business transactions? YES NO

Were satisfactory records of income and expenses provided? YES NO

Check next to any of the following that you have provided for documentation for these records

- Accounting records Car/truck expenses Paid Invoices/receipts
 Ledgers Logbook Business bank accounts
 Computer records Other: _____

If you would like your refund direct deposited, please provide

Bank Name: _____

Routing Number: _____

Bank Account Number: _____

By signing below, I verify that the above information is true and correct.

Taxpayer Signature

Date

Spouse Signature

Date