

# IT'S TAX TIME!

**STEP  
1**

Print and fill your Organizer.

**STEP  
2**

Scan and upload into your portal.  
[JonesTax.ClientPortal.com](http://JonesTax.ClientPortal.com)

**STEP  
3**

Upload 2018 Tax Documents.  
(1099's, W2's, etc)

**STEP  
4**

Fill out Confirmation Survey to confirm  
your documents are ready for our  
team to begin.

[bit.ly/readyjtbs](http://bit.ly/readyjtbs)



## Income Tax Organizer Instructions

Our Tax Organizer is designed to help you gather the proper tax information required to prepare your tax return. Please fill out completely all areas that pertain to you. If you worked part of the year as Company Driver and part Owner-Operator you will need to fill out all pages. If you need help filling out the Tax Organizer or have questions call us at: (844) 762-1040

Tax Preparation Checklist and Agreement	
Please provide the following documentation:	
	All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.
	Form 1095-A (for health insurance purchased through a public exchange), Form 1095-B (for health insurance purchased outside of a public exchange), or Form 1095-C (for employer-provided health insurance coverage).
	If you are a new client, provide copies of last year's tax returns and business formation documents from IRS and State, if any.
	The completed Individual Income Tax Organizer. <i>Note:</i> If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions — All Taxpayers."
	Copy of the closing statement if you bought or sold real estate.
	Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage. Detail of estimated tax payments made, if any. (See Page 6)
	Income and deductions categorized on a separate sheet for business (See Page 6) or rental activities.
	List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions. (See Page 4)
	Copy of all acknowledgement letters received from charitable organizations for contributions made in.

<b>Taxpayer Responsibilities</b>
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- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to confirm the information is correct.
- Fees must be paid before your tax return data is processed. If you terminate this engagement before completion, you agree to pay for work completed.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a copy in the future.

**Signatures.** By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

Taxpayer Signature	Date	Spouse Signature	Date
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2018 Tax Organizer

<b>Taxpayer Social Security #</b>							
First	M.I.	Last	Email				
Occupation		Date of birth		Do you have an IP Pin? If so, please provide:			
Address		City		State		Zip	
County		Home phone		Work or cell			
Driver's License No.		State		Issue Date		Exp. Date	
<b>Spouse Social Security #</b>							
First	M.I.	Last	Email				
Occupation		Date of birth		Do you have IP Pin? If so, please provide:			
Address		City		State		Zip	
County		Home phone		Work or cell			
Spouse Driver's License No.		State		Issue Date		Exp. Date	

**Filing status:**

Single   
  Married Filing Jointly   
  Married Filing Separately   
  Head of Household   
  Widower

Were you divorced or separate during the year?    Yes    No

Were there any deaths in the family?    Yes    No

Individuals who are in registered domestic partnerships (RDPs) and civil unions are not considered married for federal tax purposes.

Names of Dependents	Social Security #	Relationship	Months lived in home	Date of Birth	College Student	IP Pin?	Disabled?

Did any of the children have income for the year? If yes, provide their W-2(s).    Yes    No

Can a different taxpayer claim a child listed above as their dependent for tax year?    Yes    No

Were any children adopted? If yes, provide documentation and expenses    Yes    No

**Healthcare**

Did you have health insurance for you, your spouse and any dependents?    Yes    No

If Yes, include all forms 1095-A, 1095-B, and 1095-C

Did you or your spouse receive any distributions from long-term care insurance contracts?    Yes    No

If you or your spouse are self-employed, are you eligible to be covered under an employer's health or long-term care plan at another job?    Yes    No

QUESTIONS		“You” refers to both taxpayer and spouse — enter “?” if unsure about a question.	
ALL TAXPAYERS	Yes No	Are either you or your spouse legally blind?	
	Yes No	Did you pay or receive alimony? <i>Paid/Received</i> \$	<i>Recipient’s SS#</i>
	Yes No	Did you purchase health insurance through a public exchange?	
	Yes No	Will there be any significant changes in income or deductions next year, such as retirement?	
	Yes No	Did you receive income from a sharing/gig economy activity (e.g. Airbnb, Uber, etc.)	
	Yes No	Have you paid alternative minimum tax (AMT) in previous years?	
	Yes No	Did you pay anyone for domestic services in your home?	
	Yes No	Did you purchase a new hybrid or electric car, truck, or van?	
	Yes No	Did you have any debts cancelled or forgiven? If yes, attach Form 1099-C & 1099-A.	
	Yes No	Are you a member of the military?	
	Yes No	Were you a citizen of or, lived in a foreign country?	
	Yes No	Do you own or have financial interest in a foreign bank or financial account?	
INVESTMENTS	Yes No	Did you, or will you, contribute any money to an IRA?	Traditional IRA _____ Roth IRA _____
	Yes No	Did you roll over any amounts from a retirement account?	
	Yes No	Did you sell or transfer any stock or sell rental or investment property?	
	Yes No	Did you have any investments become worthless or were you a victim of investment theft?	
	Yes No	Were you granted, or did you exercise, any employee stock options?	
	Yes No	Did you have any worthless securities or non-business uncollectible debts?	
DEDUCTIONS	Yes No	Did you pay any interest on a loan for a boat or RV that has living quarters? If yes, provide details.	
	Yes No	Did you pay sales taxes on a major purchase, such as a vehicle, boat, or home?	
	Yes No	Did you have any uninsured loss to your property?	
BUSINESS	Yes No	Did you work from a home office or use your car for business?	
	Yes No	Did you receive any income from an installment sale?	
	Yes No	Do you own a business or an interest in a partnership, corporation, LLC, farming activities, or other venture?	
HOME	Yes No	Did you purchase or sell a main home during the year? If yes, provide closing statement.	
	Yes No	Did you claim the First-Time Homebuyer Credit when it was purchased? If yes, provide details.	
	Yes No	Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home?	
	Yes No	Did you make any new energy-efficient improvements to your home? If yes, provide details.	
OTHER	Yes No	Do you wish to give \$3.00 of your taxes to Presidential Campaign Fund?	
	Yes No	Has there been an IRS Audit? If yes, send audit report within the last three years.	
	Yes No	Did you pay college tuition? If yes, Attach 1098-T	
	Yes No	If you are due a refund, would you like to receive it direct deposit? If yes, attach a voided check	

TAX LAW AND IRS REGULATIONS ALLOW A DEDUCTION FOR EXPENDITURES WITH RESPECT TO TRAVEL AWAY FROM HOME, MEALS, LODGING, (i.e. DRIVER LOGS, SPREADSHEET, etc.), AND CERTAIN BUSINESS GIFTS ONLY IF SUBSTANTIATION OF THE ITEM CAN BE PROVIDED BY ADEQUATE RECORDS

Other Income			
State tax refund (TY2017)	\$	Unreported tips	\$
Unemployment compensation	\$	Alimony	\$
Social Security (taxpayer) — provide SSA-1099 or RRB-1099			\$
Social Security (spouse)— provide SSA-1099 or RRB-1099			\$
Rental Income? Email <a href="mailto:Tax@JonesTaxBenefits.com">Tax@JonesTaxBenefits.com</a> to request worksheet			

**Itemized Deductions Worksheet**

Deductions must exceed \$12,000 Single, \$24,000 MFJ, \$18,500 HOH, or \$12,000 MFS to be a tax benefit.

Taxes Paid		Charitable Contributions					
Do not include taxes paid for full or partial business or rental-use property, including business use of the home.		If over \$500 in noncash charitable contributions, provide details of contributions. Rules require that the taxpayer retain documentation for all cash contributions.					
State withholding	Reported on W-2	Cash	\$				
State estimated taxes paid in 2018	\$	Noncash contributions (FMV). Clothing or household items must be in good used condition or better.	\$				
Real estate tax — residence	\$	Did you transfer funds from an IRA directly to a charity? If yes, how much?	\$				
Real estate tax — other	\$	Charitable mileage					
Personal property taxes	\$	Casualty and Theft Losses – Federally Declared Disaster					
Property tax refund received in 2018	\$	If you suffered any sudden, unexpected damage or loss of property, or theft, due to Federally Declared Disaster, notify preparer.					
Foreign tax paid	\$	Other Miscellaneous Deductions					
Other	\$	The following deductions are not subject to a 2% of income limit.					
Balance paid from prior year state returns (do not include interest or penalties)	\$	Federal estate tax on IRD	\$				
Did you keep receipts for sales tax paid?	Yes No	Impairment- related expenses	\$	Loss from box 2, K-1, Form 1065B	\$		
		<b>Interest Paid.</b> Do not include interest paid for full or partial business or rental-use property, including business use of the home. Provide all Forms 1098 or lender information and ID numbers.					
Did you purchase a car, plane, boat, or home?	Yes No	Main home	\$	Equity loan	\$		
		Second home	\$	Equity loan	\$		
Sales tax paid	\$	Purchase paid	\$	Points	\$	Investment interest	\$
Did you pay a mortgage insurance premium when you purchased your home?							

**ESTIMATED TAXES PAID & CREDIT**

	Due Date	Date Paid	Federal	State	City
First Quarter			\$	\$	\$
Second Quarter			\$	\$	\$
Third Quarter			\$	\$	\$
Fourth Quarter			\$	\$	\$

**MEDICAL EXPENSES**

Insurance Premiums \$ \_\_\_\_\_ Long Term Care Insurance Premiums \$ \_\_\_\_\_  
 Drugs and Medicines \$ \_\_\_\_\_ Doctors, Hospitals, Etc. \$ \_\_\_\_\_  
 Medical Miles Driven \_\_\_\_\_ Health Insurance Reimbursements \$ \_\_\_\_\_

**CHILD & DEPENDENT CARE CREDIT**

Names of Dependents Cared For:		Amount Paid for Each Dependent:	
1.		1.	
2.		2.	
Name of Dependent Care Provider:		Telephone #:	
Provider ID Number (SSN or EIN):			
Street Address, City, State, Zip Code:			

**COMPANY DRIVER BUSINESS EXPENSES (Only if you receive a statutory W2)**  
*If Self-Employed: Do Not Use This Section.*

No. of Overnights: Jan. – Sept.: \_\_\_\_\_ Oct. – Dec.: \_\_\_\_\_  
 Commission & Fees: \$ \_\_\_\_\_ Rent/Lease: \$ \_\_\_\_\_  
 Insurance(Non-medical): \$ \_\_\_\_\_ Repair: \$ \_\_\_\_\_  
 Interest: \$ \_\_\_\_\_ Supplies: \$ \_\_\_\_\_  
 Professional Services: \$ \_\_\_\_\_ Tax & License: \$ \_\_\_\_\_  
 Office: \$ \_\_\_\_\_ Travel: \$ \_\_\_\_\_  
 Utilities: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

**NOTE:** Work clothing is not deductible if adaptable for everyday wear. Exception for safety equipment, such as steel-toe boots. Legal expenses are deductible only if related to producing or collecting taxable income.

**HOME OFFICE**

First Date Use/Place in Service or Acquired: \_\_\_\_\_  
 Total Square Footage of Home: \_\_\_\_\_ Total Square Footage Office: \_\_\_\_\_  
 Purchase cost of residence (Please send copy of property tax bill): \_\_\_\_\_  
 Repairs & Maintenance: \_\_\_\_\_ Utilities: \_\_\_\_\_

**OTHER**

Total Casualty LOSS (Attach Documentation) \$ \_\_\_\_\_  
 Moving Expenses (Work Related) (Attach Documentation) \$ \_\_\_\_\_  
 Miles from Old Home to New Home \_\_\_\_\_ Date Moved: \_\_\_\_\_ Reason for Move: \_\_\_\_\_  
 Adoption Expenses (per child or effort) \_\_\_\_\_  
 Health Savings Account (HSA): Attach Forms 1099-SA & 5498-SA  
 HSA Coverage (circle): Self Family  
 Contributions made: Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
 Gambling Losses: \$ \_\_\_\_\_

NOTE: Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.

**BUSINESS INCOME – TAX REPORT**

Business Name: \_\_\_\_\_ EIN: \_\_\_\_\_

**Income**

Gross Receipts or Sales: \$ \_\_\_\_\_

**Expenses**

Commission & Fees: \$ _____	Rent/Lease: \$ _____
Insurance(Non-medical): \$ _____	Repair: \$ _____
Interest: \$ _____	Supplies: \$ _____
Professional Services: \$ _____	Tax & License: \$ _____
Office: \$ _____	Travel: \$ _____
Utilities: \$ _____	Other: \$ _____

Meal & Entertainment Deduction (Per Diem)

Driver Days: Jan. – Sept: \_\_\_\_\_ Oct. – Dec.: \_\_\_\_\_

Spouse Days: Jan. – Sept: \_\_\_\_\_ Oct. – Dec.: \_\_\_\_\_

**Personal Vehicle**

Make & Model of Vehicle: \_\_\_\_\_

Odometer reading Jan. 1: \_\_\_\_\_ Odometer reading Dec. 31: \_\_\_\_\_

Personal & Commuting Miles: \_\_\_\_\_ Business Miles: \_\_\_\_\_

**Other Expenses**

Fuel: \$ _____	Scales: \$ _____
Loading: \$ _____	Tolls/Parking: \$ _____
Physicals: \$ _____	Uniforms: \$ _____

APU? How many gallons: \_\_\_\_\_

Work clothing is not deductible if adaptable for everyday wear. Exception for safety equipment, such as steel-toe boots. Legal expenses are deductible only if related to producing or collecting taxable income.

Business/S Corporation/Partnership Tax Organizer					
Legal name of Business				EIN#	
Business address					
Tax Matters Individual			Name and Title		
			Email		
Yes	No	Did the corporation have a change of business name or address during the year?			
Yes	No	Has the LLC made the election to be taxed as a corporation?			
Principal Business Activity					
Principal Product or Service					
Yes	No	Was the primary purpose of the S corporation's activity to realize a profit?			
Accounting method: Cash    Accrual    Other (specify)					
Yes	No	Does the corporation file under a calendar year? (If no, what is the fiscal year?)			
Business Questions					
Yes	No	Did the corporation hold an annual meeting with shareholders with a record of minutes maintained?			
Yes	No	Was the corporation a C corporation before it elected to be an S corporation?			
Yes	No	Is any shareholder in the corporation a disregarded entity, a partnership, a trust, an S corporation, or an estate?			
Yes	No	Did the corporation own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership or in the beneficial interest of a trust?			
Yes	No	Did the corporation have any non-shareholder debt that was cancelled, forgiven, or had terms modified to reduce amount of principal?			
Yes	No	At any time during the year, did the corporation have an interest in, or signature authority over a financial account in a foreign country?			
Yes	No	Was there a distribution of property or a transfer (by sale or death) of a shareholder interest during the tax year?			
Yes	No	Does the corporation satisfy the following conditions? <ul style="list-style-type: none"> <li>• The corporation's total receipts for the tax year were less than \$250,000, and</li> <li>• The corporation's total assets at the end of the tax year were less than \$250,000.</li> </ul>			
Yes	No	Did the corporation pay \$600 or more to any individual? If yes, include a copy of Form 1099-MISC for each.			
*S Corporation Specific Questions					
Yes	No	Did the corporation own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation?			
Yes	No	Did the corporation have any outstanding shares of restricted stock at the end of the tax year?			
Yes	No	Did the corporation have any outstanding stock options, warrants, or similar instruments at the end of the tax year?			
Yes	No	Was the corporation's S election terminated or revoked during the year?			
**Partnership Specific Questions					
Yes	No	Does the LLC have an operating agreement? <i>(If this is the first year of the LLC's existence, please provide a copy of operating agreement and the articles of organization)</i>			
Yes	No	Are all members actively participating in the business?			
Yes	No	Is the LLC a partner in another partnership?			
Yes	No	Did any foreign or domestic corporation, partnership, trust, tax-exempt organization, individual, or estate own directly or indirectly 50% or more of the profit, loss, or capital of the LLC?			
Principal Shareholders Ownership Information					
Name/Title	Tax ID Number (SSN or EIN)	Address	Ownership Percentage	Shareholder stock basis	US Citizen?



**Shareholders – Provide the following information for any shareholder who was an officer or 2% or more owner of the corporation during the year**

Shareholder/Office Name	Wages Paid	Health Insurance Premiums Paid	Capital contributions to shareholder	Distributions to shareholder	Shareholder loans to corporation	Loans repaid by corporation to shareholder

**Business Balance Sheet**

Business assets at year end		Business debts and equity at year end	
Bank account end of year balance	\$	Accounts payable at year end	\$
Accounts receivable at end of year	\$	Payables less than one year	\$
Loans to shareholders	\$	Payables more than one year	\$
Mortgages and loans held by corporation	\$	Mortgages, notes payable	\$
Stocks, bonds, and securities	\$	Loans from shareholders	\$
Other current assets (include list)	\$	Capital stock (common)	\$
Inventories	\$	Retained earnings	\$

**Car Expenses (use a separate form for each vehicle)**

Make/Model			Date car placed in service		
Yes	No	Car available for personal use during off-duty hours?	Did you trade in your car this year?		No
Yes	No	Do you (or your spouse) have any other cars for personal use?	Cost of trade-in \$	Trade-in value \$	
Yes	No	Do you have evidence?	Is your evidence written?		No
Mileage			Actual Expenses (Leave blank if using mileage rate)		
Beginning of year odometer			Gas/oil	\$	
End of year odometer			Insurance	\$	
Business mileage			Parking fees/tolls	\$	
Commuting mileage			Registration/fees	\$	
Other mileage			Repairs	\$	

Generally, you can use either the standard mileage rate or actual expenses to figure the deductible costs of operating your car for business purposes. However, to use the standard mileage rate, it must be used in the first year the vehicle is available for business. In later years, you can then choose between either the standard mileage rate method or actual expenses.

**Equipment Purchases - Enter the following information for depreciable assets purchased that have a useful life greater than one year**

Asset	Date Purchased	Cost	Date placed in service	New or used?

<b>New Clients – Additional information and documents required for LLC’s, S-Corps, &amp; C-Corps</b>
Date incorporated/formed:
State of incorporation/formation:
Date of S corporation election, if S-Corp:
Corporation/LLC state residence:
<ul style="list-style-type: none"> <li>• Provide a copy of the Articles of Incorporation/Organization bylaws, and any corporate resolutions.</li> <li>• Provide a copy of the depreciation schedules for book, tax, and AMT.</li> <li>• Provide copies of returns for the last two years, including state returns.</li> </ul>
<b>Additional information and documents required</b>
<ul style="list-style-type: none"> <li>• Provide the business income/financial statements for the year (per books), balance sheet, depreciation schedule per books, and cash reconciliation of all business bank accounts with ending cash balances.</li> <li>• If the S corporation has employees, provide a copy of Form W-3, Form 940, Form 941, and any state quarterly tax filing reports.</li> <li>• If the S corporation made payments of \$600 or more to independent contractors, provide copies of Form 1099-MISC issued.</li> <li>• If any shareholders live in a different state or outside the United States, provide details. The corporation may be subject to withholding requirements.</li> </ul>