

**JR FINANCIAL GROUP, INC.
TAX ORGANIZER**

Use this tax preparation checklist to help you better organize your income tax data for preparation of your income tax return. This information will facilitate the interview and return preparation process, and assist us in keeping your fee as low as possible. Please attach all supporting documents.

TAXPAYER INFORMATION _____

NAME _____

Social Security No. _____ Date of Birth _____

Home Address _____

Phone No. _____

Occupation of Taxpayer _____

SPOUSE INFORMATION _____

NAME _____

Social Security No. _____ Date of Birth _____

Occupation _____

FILING STATUS

- 1 – Single
- 2 – Married Filing Joint Return
- 3 – Married Filing Separate Return
- 4 – Head of Household
- 5 – Qualifying Widow(er)
- 6 – Dependent of Another Taxpayer

- Taxpayer 65 or over
- Taxpayer Blind
- Spouse 65 or over
- Spouse Blind

DEPENDENTS

Name	Birth Date	Social Security Number	Relationship	No. of months lived in taxpayer's home	Dependent had income over \$1,900	Taxpayer provided over ½ dependent support

SALARIES, WAGES

Employer	Compensation	Federal Withholding	State Withholding	City Withholding	FICA	Medicare Tax

DIVIDENDS RECEIVED

Received From	Amount Received

INTEREST RECEIVED

Received From	Amount Received

OTHER INCOME (DESCRIBE) ATTACH SUPPORTING DOCUMENTATION**Amount**

Alimony Received	
Partnerships/Estates/Trusts/S Corps	
Rents and Royalties	
Sales or Exchanges of Property	
Social Security Benefits	
State and Local Income Tax Refunds	
Unemployment Compensation	

ESTIMATED INCOME TAX PAID FOR THIS YEAR**Federal****State**

Qtrly Payment Due 4/15		
Qtrly Payment Due 6/15		
Qtrly Payment Due 9/15		
Qtrly Payment Due 1/15		

ADJUSTMENTS**Taxpayer****Spouse**

Traditional IRA Payments for tax year		
ROTH IRA Payments		
SEP payments		
Penalty on Early Withdrawal of Savings		
Alimony Paid:		
Social Security Number of Recipient:		

MEDICAL AND DENTAL EXPENSES**Taxpayer****Spouse**

Insurance Premiums		
Prescription Drugs		
Doctors, Dentists, Optical, Etc.		
Medical Mileage		
Other (List)		
Reimbursements for Above Expenses		

TAXES PAID

State and Local Income	
Real Estate	
Property Tax (includes "owner tax" on Colorado car registration)	

INTEREST PAID (Include all – we will calculate any limitations)

Home Mortgage – To Financial Institutions	
Home Mortgage – To Individuals – Name	
Address	
Name	
Address	
Deductible Points on Home Mortgage	
Student Loans	
Other (Attach Schedule)	

CONTRIBUTIONS

Cash (under \$3,000 to any recipient)	
Cash (over \$3,000 to any recipient)	
Name	
Address	
Other than Cash (attach Schedule including name and address of recipient)	
And description of property donated if over \$500	

LOSSES FROM FIRE, STORM OR OTHER CASUALTY THEFT (Submit Detailed Explanation)

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OTHER TAX CREDITS

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MISCELLANEOUS DEDUCTIONS

	Taxpayer	Spouse
Employment Agency Fees (job search including mileage)		
Home Office Expense		
Investment Advisory Fees		
Moving Expenses		
Profession Fees, Licenses		
Professional and Trade Publications		
Safe Deposit Box		
Supplies		
Tax Return Preparation Fee		
Tools and Equipment		
Uniform Cleaning		
Uniforms and Protective Clothing		
Union Dues		
Un-reimbursed Business Expenses		
Other Deductions (Describe)		

CHILD CARE PROVIDER

Name	
Address	
Phone Number	
Social Security or EIN Number	

Name of Child	Social Security Number	Date of Birth	Payment Amount

QUESTIONS FOR JEFF

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