



**Tax Preparation Checklist**

**Section 1 General Information**

Tax Year: \_\_\_\_\_ Date: \_\_\_\_\_ Preparer's Name: \_\_\_\_\_

Tax Payer \_\_\_\_\_ Spouse \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Taxpayer Occupation: \_\_\_\_\_ Taxpayer Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_ APT# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Identification Provided: Drivers ID \_\_ Passport \_\_ State ID \_\_ Valid \_\_ (Make Copies)

Social Security \_\_

**Section 2 Filing Status**

Single  Married: Filing Joint  Married: Filing Separate  Head of Household  Qualified Widow(er)

Dependent Name:	Date of Birth:	SS#:	Relationship	Copy SS Card
1. _____	_____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	_____	<input type="checkbox"/>
5. _____	_____	_____	_____	<input type="checkbox"/>
6. _____	_____	_____	_____	<input type="checkbox"/>

**Section 3 Health Insurance Area**

Health Insurance? Taxpayer: Yes / No - Months without \_\_\_ Spouse: Yes / No – Months without \_\_\_

Dependent Name:	Coverage	Copy Medical Card	Months Without Insurance
1. _____	_____	<input type="checkbox"/>	_____
2. _____	_____	<input type="checkbox"/>	_____
3. _____	_____	<input type="checkbox"/>	_____
4. _____	_____	<input type="checkbox"/>	_____
5. _____	_____	<input type="checkbox"/>	_____
6. _____	_____	<input type="checkbox"/>	_____

Was Insurance from:  Market place  Private or  Public Assistance

**Section 4 Refund / Loan Information**

Tax return preparation will be paid by:  Bank Product  Pay at the Store

Would you like a Refund Anticipation Loan? Yes \ No (if you qualify).

Direct Deposit? Yes / No

Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Attach voided Check

**Section 5 Agreement**

Please attach the following Documents:

1. All W-2 Forms (Employment wage forms)
2. All 1099 Forms (1099-INT = Interest, 1099 Div. = Dividends, 1099- Misc. = Subcontractor or Independent, 1099 SSA = Social Security, 1099-B = Stock Sales, 1099-G Unemployment, 1099-R Retirement or pension)
3. All 1098 forms (1098= Mortgage interest, 1098-T =Tuition Statement)
4. Broker Summary statement for all stock sales / buys.
5. Social Security Cards “All persons to be entered on Tax return”.
6. Children birth Certificates (Just to confirm date of birth etc. to speed up refund)

Additional applications to fill out Information:

- Self Employed – Complete the Business Income and Expense form.
- Property Owner – Rental and Royalty Income and expense form.

*Agreement between the undersigned and JFT GROUP*

JFT Group is a full accounting service provider. We offer a full-service approach, not an estimating service. We guaranty all work performed to be accurate and professional. Any omissions by JFT Group will be at no charge to the client to repair the issue. However, if once our staff inputs the information in to the system and you decide due to the refund amount and or pricing of preparation to not process the return with us, a fee of \$125.00 will be payable for time spend on the project. Only if you agree with this statement, please sign below to affirm you are requesting us to continue the process. **Furthermore, we will match H&R Block, Liberty Tax, Jackson Hewitt and Cobalt Tax. If you provide your last year tax return with the invoice you were charged, for last year’s taxes, we will also offer a 5 percent discount.** However, after reviewing the tax return prepared by another firm, and discovering it was prepared incorrectly we will explain why discount will not apply.

I, \_\_\_\_\_ (Tax payer) have read and agree with the above-mentioned statements.

X \_\_\_\_\_ Date: \_\_\_\_\_

Taxpayer

**Section 6 Income**

Please answer the question below:

Did you receive the following Income?

	<u>Count</u>	<u>Yes</u>	<u>No</u>	<u>Amount</u>	<u>Paperwork Supplied</u>
Wages:	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Business Income	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Business type:	<input type="checkbox"/> Sole,	<input type="checkbox"/> LLC,	<input type="checkbox"/> Sub S,	<input type="checkbox"/> C- Corp	
Interest	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Dividends	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Stock Sale	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Social Security	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Pension/IRA Distribution	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Unemployment	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Rental Income	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alimony	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Gambling	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
State Tax Refund	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other: Bonuses	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other: Misc Income	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other: Cash Payments	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**Section 7 Expenses**

Please answer the question below:

Did you pay any of the following Expenses?

Item	Description	Yes	No	Amount	Paperwork Supplied
Contributions	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Independent Loan Interest	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Moving Expenses	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Alimony Payments	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Penalty early withdrawal	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>

**Section 8 Taxes and Credits**

Did you pay any:                      Yes    No    Amount Paid

Foreign Taxes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Child or Dependent Expense	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adoption Expense	<input type="checkbox"/>	<input type="checkbox"/>	_____
Educational Expense	<input type="checkbox"/>	<input type="checkbox"/>	_____

Tax Payer    Spouse    Dependents

\*\* If Yes

Name of Student	SS# Of Student	Name of Institution	Types of Expenses
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

4. \_\_\_\_\_

Did you pay?	Yes	No	Amount Paid	
Social Security or Medicare	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Taxes on tips not reported to employer	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Self-Employment Tax	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Advanced Earned Income	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Pre-Tax Payments from last year	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Fed <input type="checkbox"/> State <input type="checkbox"/> Local

**Section 9 Itemized Deductions**

Item (Supply Backup)	Yes	No	Amount Paid	Info
Medical and Dental expense	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Medical miles driven during year	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
State or Local Income	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Real Estate Taxes	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sewer Bills	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Water Bills	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Personal Property Taxes	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Home Mortgage Interest 1098	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Points not recorded on 1098	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Gifts to Charity (Money)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Gifts to Charity (Property)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Casualty or theft losses	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Unreimbursed employment	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Tax preparation fees (year ____)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Safety Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Gambling Loss (Stubs)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

1140 Hamilton Street, Allentown, PA 18062

Offices

2025 Worthington CT, Macungie, PA 18062

Initials \_\_\_\_\_

Have you ever been denied and earned income in the past? If so what year and why? Explain:

**Section 10 Addl Earned Income Credit Questions (EIC)**

1. Where are the parents of dependent children if you are not the biological or legal parent?
  
2. Why do the parents not claim the dependent?
  
3. What are the parent names?
  
4. Where do the parents of the dependents live?
  
5. Can another person claim the dependent?
  
6. Since what date do the dependents live with taxpayer?
  
7. What proof is there that the dependent lived with taxpayer?



**Section 10 Head of Household Agreement**

If you are filing as Head of household, please complete and sign below:

I, \_\_\_\_\_, am filing as head of household because I am single, divorced or have been separated from my spouse for \_\_\_ Months and \_\_\_ Years.

X \_\_\_\_\_ Date: \_\_\_\_\_

Taxpayer

**Section 11 Additional Self Employment Questions (Sch C)**

1. What records does the taxpayer or spouse keep for their self-employment income?
  - a. Taxpayer:
  
  - b. Spouse:
  
2. How are the records maintained?
  - a.  Books / Ledgers  Electronic Books
  
3. Does the Tax Payer and or Spouse keep a list of clients? Check if yes.
  - a. Taxpayer
  - b. Spouse

Please look into JFT Groups complete book keeping service. This format you are using with a note book is not the best and most complete way to keep your books. Setup an appointment to me with use to plan a customized approach in your accounting requirments.

Income: Gross

January \_\_\_\_\_

February \_\_\_\_\_

March \_\_\_\_\_

April \_\_\_\_\_

May \_\_\_\_\_

June \_\_\_\_\_

July \_\_\_\_\_

August \_\_\_\_\_

September \_\_\_\_\_

October \_\_\_\_\_

November \_\_\_\_\_

December \_\_\_\_\_

Car Expense \_\_\_\_\_

Type of car \_\_\_\_\_

Year / Model \_\_\_\_\_

Expenses:

Advertising \_\_\_\_\_

Commission Cost \_\_\_\_\_

Contractor \_\_\_\_\_

Insurance \_\_\_\_\_

Rent \_\_\_\_\_

Legal/Professional \_\_\_\_\_

Office Expense \_\_\_\_\_

Equipment rental \_\_\_\_\_

Repairs and Maintenance \_\_\_\_\_

License / Taxes \_\_\_\_\_

Dues and Subscriptions \_\_\_\_\_

Supplies \_\_\_\_\_

Utilities \_\_\_\_\_

Misc \_\_\_\_\_

Other \_\_\_\_\_

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Initials \_\_\_\_\_

Total Milage \_\_\_\_\_

Other \_\_\_\_\_

Business Milage \_\_\_\_\_

Other \_\_\_\_\_

Personal Use of car Yes / No

Wages of Employees Yes / No

Do You have another personal car? Yes No

Name:	Amount	1099 w2
_____	_____	_____
_____	_____	_____
_____	_____	_____

I declare that the information provided in this

Tax Preparation checklist is true and correct.

Taxpayer: \_\_\_\_\_

Spouse: \_\_\_\_\_

Date: \_\_\_\_\_

**Section 12 Tax Preparation Checklist Addendum**

- Did you receive any Public Assistance?

Yes       No

- Do You have any Foreign income to report?

Yes       No

- Do you have any foreign bank accounts or have signing authority over foreign accounts?

Yes       No

X \_\_\_\_\_ X \_\_\_\_\_

Taxpayer    Date: \_\_\_\_\_    Spouse    Date: \_\_\_\_\_

1. Lista de Verification Para la Preparacion de Impuestos Adicional Tiene usted algun ingreso extranjero para reporter?

Yes  No

2. Tiene alguna cuentas en el extranjero o tienen autoridad de firma sobre cuentas en el extranjero?  Yes  No

X \_\_\_\_\_ X \_\_\_\_\_

Taxpayer Date: \_\_\_\_\_ Spouse Date: \_\_\_\_\_