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CLIENT'S TAX ORGANIZER / PROFILE

(all information provided will be kept confidential)

PERSONAL INFORMATION

Taxpayers Name _____

Spouse Name _____

Social Security Number _____

Social Security Number _____

Occupation _____

Occupation _____

Date of Birth _____

Date of Birth _____

Email _____

Email _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Mobile Phone _____

Mobile Phone _____

Address _____

Was Taxpayer or Spouse a Member of the U.S. Armed Forces during 20 ____ Yes ____ No ____

Full Year Resident of California: Yes ____ No ____

Part Year Resident _____

- If part year Resident, List State's Name _____
- If part year resident, how many months part year (0 – 12 Months) _____

Are You A Home Owner? Yes ____ No ____

Do You Rent Your Home? Yes ____ No ____

FILING STATUS

Single _____

Married Filing Jointly _____

Married Filing Separately _____

- Taxpayer did not live with spouse at anytime during the year Yes ____ No ____
- Taxpayer eligible to claim spouse's exemption Yes ____ No ____

Head of Household _____

- If qualifying person is child but not dependent:
Child's Name _____
Child's Social Security Number _____

Qualifying Widower _____

Year spouse died 20 ____ 20 ____

DEPENDENT/EARNED INCOME CREDIT/CHILD AND DEPENDENT CARE CREDIT INFO

(1) Child's Name _____

(2) Child's Name _____

Social Security Number _____

Social Security Number _____

Date of Birth _____

Date of Birth _____

Relationship _____
Lived With Taxpayer (0 -12 Months) _____
Code: _____
(See below pg. 4 for Codes)

Education Tuition Fees: Yes _____ No _____
Qualified Child and Dependent Care
Expenses incurred in 20____ Yes _____ No _____

Relationship _____
Lived With Taxpayer (0 -12 Months) _____
Code: _____
(See below pg. 4 for Codes)

Education Tuition Fees: Yes _____ No _____
Qualified Child and Dependent Care
Expenses incurred in 20____ Yes _____ No _____

(3) Child's Name _____
Social Security Number _____
Date of Birth _____
Relationship _____
Lived with Taxpayer (0 -12 Months) _____
Code: _____
(See below pg. 4 for Codes)

Education Tuition Fees: Yes _____ No _____
Qualified Child and Dependent Care
Expenses incurred in 20____ Yes _____ No _____
No _____

(4) Child's Name _____
Social Security Number _____
Date of Birth _____
Relationship _____
Lived with Taxpayer (0 -12 Months) _____
Code: _____
(See below pg. 4 for Codes)

Education Tuition Fees: Yes _____ No _____
Qualified Child and Dependent Care
Expenses incurred in 20____ Yes _____

(Note: If you have more than four dependents, please list them on a separate sheet)

Child Care Provider Information

Name _____
Address _____

Tax ID Number or Social Security Number _____

Work Phone _____ Amount \$ _____

Child Care Provider Information

Name _____
Address _____

Tax ID Number or Social Security Number _____

Work Phone _____ Amount \$ _____

Codes

L – Dependent Child Who Lived with Client

N – Dependent Child Who Did Not Live With Client Due to Divorce or Separation

O – Other Dependent

Q – Not a Dependent (but is a Qualifying Person for the Earned Income Credit and/or the Child Tax Credit and/or the Credit for Child and Dependent Care Expenses)

OTHER INFORMATION

Can taxpayer or spouse be claimed as a dependent of another person (such as a parent)? Yes _____ No _____

- If yes, was taxpayer or spouse claim as a dependent on that person's return Yes _____ No _____

Is Taxpayer or spouse retired on total and permanent disability? Yes _____ No _____

Is Taxpayer or spouse a full Time Student? Yes _____ No _____

INCOME

Wages, Salary, Tips etc: Yes _____ No _____

Self Employed Income: Yes _____ No _____

- (if yes, please complete Business Income Schedule C Section, pgs. 5-6)

Farm Income: Yes _____ No _____

Interest and Dividend: Yes _____ No _____

Alimony Received: Yes _____ No _____

Social Security Retirement Income: Yes _____ No _____

Unemployment Compensation: Yes _____ No _____

Retirement Income

- IRA Distribution: Yes _____ No _____
- Pension Distribution: Yes _____ No _____

Investment Income

- Rental Property: Yes _____ No _____
- Royalties: Yes _____ No _____
- Schedule K-1: Yes _____ No _____
- Capital Gain: Yes _____ No _____
- Other Income Yes _____ No _____

ADJUSTMENTS

Qualified Performing Artist:	Yes _____	No _____
Education Profession:	Yes _____	No _____
Moving Expenses:	Yes _____	No _____
Self Employed SEP, Simple and Qualified Plan:	Yes _____	No _____
Self Employed Health Insurance:	Yes _____	No _____
IRA Deduction:	Yes _____	No _____
Alimony Paid:	Yes _____	No _____
Student Loan:	Yes _____	No _____
Tuition and Fees Deduction:	Yes _____	No _____

BUSINESS INCOME (SCHEDULE C)

Principal Business or Professional Type/Industry _____

Do you use your name as your business name Yes _____ No _____

- If not, please provide the following information

Name of Business _____

Business Tax Identification Number _____

Business Address _____

- Do you use your home for business use: Yes _____ No _____

If yes, what % of your home is exclusively used for business _____

INCOME

Gross Receipts \$ _____

EXPENSES

Advertising \$ _____

Car & Truck Expense (See Vehicle Information below) \$ _____

Rental Expenses

• Office \$ _____

• Vehicle \$ _____

• Machinery & Equipment \$ _____

Payroll Wages \$ _____

Payroll Taxes \$ _____

Pension & Profit Sharing 401K Plan Expense \$ _____

Employee Benefit (Health, Dental etc) \$ _____

Workman Compensation Insurance \$ _____

Material and Supplies \$ _____

Laundry and Uniforms \$ _____

Accounting Services \$ _____

Legal Services \$ _____

Outside Services (Contract Labor, Commission etc) \$ _____

Utilities \$ _____

Janitorial \$ _____

Security \$ _____

Storage	\$ _____
Repair and Maintenance	\$ _____
Insurance (General Liability, Bond, Umbrella etc)	\$ _____
Telephone (Office, Mobile & Answering Service etc)	\$ _____
Office Expense (Include Printing)	\$ _____
Computer Expense	\$ _____
Postage & Delivery (Include freight)	\$ _____
Auto Expense	
• Vehicle Insurance	\$ _____
• Vehicle Insurance	\$ _____
• Gas Charges	\$ _____
• Parking and Toll	\$ _____
Travel Expense (Hotel, Airfare & Meals while traveling)	\$ _____
Entertainment	\$ _____
Meals (50% deduction)	\$ _____
Tax and License Fees	\$ _____
Dues and Subscriptions (Books, Magazines & Professional License Dues)	\$ _____
Seminar & Education	\$ _____
Interest Expense (Business Related Only)	\$ _____
Bank Charges	\$ _____

VEHICLE INFORMATION

Make and Model of Vehicle _____

Date Vehicle Placed in Service _____

Beginning Mileage Reading 01-01-20 _____

- Business Miles for Year _____
- Commuting Miles for Year _____
- Other Personal Miles for Year _____

Is another vehicle available for Personal Use? Yes _____ No _____

Was the Vehicle Available for Personal Use during Off-Duty Hours? Yes _____ No _____

Was the Vehicle Used Primarily by a More Than 5% Owner or Related Person? Yes _____ No _____

Is There Evidence to Support the Vehicle's Business Use Claimed? Yes _____ No _____

- If Yes, Is the Evidence Written Yes _____ No _____

ITEMIZE DEDUCTIONS (SCHEDULE A)

1. Medical and Dental Expenses

- Did you pay out of pocket expenses for medical or dental insurance for yourself, spouse children or other dependents? Yes _____ No _____
- If so, what amount \$ _____

2. Taxes You Paid

- Did you pay real estate taxes on a home you own Yes _____ No _____
 - i. Did you pay through an escrow account with Mortgage company Yes _____ No _____
 - ii. If yes, do you have a form 1098 from your Mortgage a Lender Yes _____ No _____
 - iii. If no, what amount \$ _____
- Personal Property Taxes Yes _____ No _____

3. Interest You Paid

- Did you pay Home Mortgage Interest on a home you own Yes _____ No _____
 - i. Did you pay through an escrow account with Mortgage company Yes _____ No _____
 - ii. If yes, do you have a form 1098 from your Mortgage a Lender Yes _____ No _____
 - iii. If no, what amount \$ _____
- Did you pay Home Mortgage Points on a home you own Yes _____ No _____
 - i. Did you pay through an escrow account with Mortgage company Yes _____ No _____
 - ii. If yes, do you have a form 1098 from your Mortgage a Lender Yes _____ No _____
 - iii. If no, what amount \$ _____
- Did you pay Mortgage Insurance Premium on home purchased Yes _____ No _____
 - i. Did you pay through an escrow account with Mortgage company Yes _____ No _____
 - ii. If yes, do you have a form 1098 from your Mortgage a Lender Yes _____ No _____
 - iii. If no, what amount \$ _____
- Investment Interest, did you pay interest on any investment Yes _____ No _____
 - iv. If so, what amount \$ _____

4. Gifts to Charity, did you make any donations

Yes _____ No _____

- i. If yes, what amount paid by cash or check \$ _____
- ii. Name of organization _____

5. Casualty and Theft Losses, did you have any loss(es) due to accident or theft Yes _____ No _____

i. If yes, what amount \$ _____

6. Job Expenses and Certain Miscellaneous Deduction

- Did you pay any unreimbursed employee expenses for job travel (mileage, Bart, parking etc), union dues, job education, etc Yes _____ No _____
i. If yes, what amount \$ _____
- Did you pay Tax Preparation Fees in 20____ for 20____ return: Yes _____ No _____
ii. If yes, what amount \$ _____
- Did you pay expenses for investment fees, safe deposit box, etc Yes _____ No _____
iii. If yes, what amount \$ _____