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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____

(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____

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____

(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)
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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 \$_____