



# D & J Group, LLC

Assistant Services You Can Trust

WHAT TO BRING (or mail, fax, email)

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- W2's
- 1099's (1099R, 1099MISC, 1099INT, 1099DIV, etc.)
- 1098 (mortgage interest, student loans, tuition, etc.)
- Anything marked " Important Tax Document"

\* Prior Year Tax Returns (Federal & State)

\* Social Security Numbers & Birthdates of everyone included in your return

## PERSONAL INFORMATION

Name		Social Security #	Date of Birth	Occupation
Taxpayer				
Spouse				
Street Address		City	State	Zip

Marital Status:    Single            Married            Widow (er), Date of spouse's Death \_\_\_\_\_

Will file jointly:    Yes            No

DO YOU OWN A BUSINESS?    Yes            No

If yes, Business Name: \_\_\_\_\_

Address (if different than home) \_\_\_\_\_

## DEPENDENTS (Children & Others)

Name	Date of birth	Social Security #	Relationship	Months lived with you	Dependent's Gross Income

## HEALTH CARE COVERAGE

Did you and your dependents have healthcare coverage for the full-year?  Yes  No

Did you receive any of the following documents?  Yes  No

Form 1095-A (Health insurance market place)

Form 1095-B (Health coverage)

Form 1095-C (Employer Provided Health Insurance Offer and Coverage)

**QUARTERLY ESTIMATE PAYMENTS**

	Date Paid	Federal	State	City
1 <sup>st</sup> Quarter	_____	_____	_____	_____
2 <sup>nd</sup> Quarter	_____	_____	_____	_____
3 <sup>rd</sup> Quarter	_____	_____	_____	_____
4 <sup>th</sup> Quarter	_____	_____	_____	_____

**COLLEGE TUITION**

We need **form 1098T** from the school, student's status. If student is an undergrad you may even benefit from book expenses under the American Opportunity Credit.

**CHILD CARE EXPENSES**

Expenses for child care in order for you to work

Name of Care Provider	Address	SSN or Employer ID	Amount Paid

**IRA CONTRIBUTIONS (Individual Retirement Acct.)**

Contribution for tax year income

	Amount	Date	For ROTH ✓
Taxpayer			
Spouse			

Amounts withdrawn. Attach 1099-R & 5498

**INTEREST INCOME**

Attach 1099-INT, Form 1097-BTC & broker statements

**DIVIDEND INCOME**

Attach 1099-DIV

**PENSION, ANNUITY INCOME**

Attach 1099-R

\* Provide statements from employer or Insurance Company with information on cost of or contributions to plan

Did you receive:	<u>Taxpayer</u>		<u>Spouse</u>	
Social Security Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Railroad Retirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Attach SSA 1099, RRB 1099

**PARTNERSHIP, TRUST, ESTATE INCOME**

Attach K-1

**MORTGAGE EXPENSE AND PROPERTY TAXES**

Mortgage interest paid – attach 1098

Real Property Tax: \_\_\_\_\_

Personal Property Tax: \_\_\_\_\_

**MEDICAL/DENTAL EXPENSES**

You can claim deductions for medical expenses not covered by your health insurance that exceed 10% of your adjusted gross income.

Health Insurance Premiums (paid by you)	_____
Prescriptions	_____
Doctor/Dental/Orthodontist	_____
Hospital/Labs	_____
Contacts, Eyes Glasses	_____
Other	_____
Mileage (office visits, pharmacy, therapy, etc.)	_____

**CHARITABLE CONTRIBUTIONS**

Cash: IRS requires receipts or cancelled checks for ALL donations

Church/Temple: \_\_\_\_\_

Others: \_\_\_\_\_

Non-Cash: If non-cash donations are more than \$500, we need details information list of items and value, dates of donated, recipients, how acquired and value, etc.

Goodwill: \_\_\_\_\_

Others: \_\_\_\_\_

**MISCELLANEOUS DEDUCTIONS**

Work related expenses that are not reimbursed by your employer. Miscellaneous deductions are deductible if they are more than 2% of your adjusted gross income.

Dues – union, professional	_____
Books, Subscriptions, Supplies	_____
Licenses, permits	_____
Tools, safety equipment	_____
Uniforms (include cleaning)	_____
Other	_____
Safe Deposit Box Rental	_____
Mutual Fund Fee	_____
Investment advisory fees	_____
Tax Preparation Fee	_____

**OTHER DEDUCTIONS**

Alimony Paid to _____	
Social Security No. _____	\$ _____
Student Interest Paid	\$ _____
Health Savings Account Contributions	\$ _____

**QUESTIONS, COMMENTS & OTHER INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

=====  
To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deductions and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

_____	_____	_____	_____
Taxpayer	Date	Spouse	Date