PLUS

PTS Company, LLC

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INCOME TAX DATA ORGANIZER

NAME: Taxpayer ________________________________ SS No.______________ Birthdate_______________

Spouse ________________________________ SS No.______________ Birthdate_______________

ADDRESS: ____
Street City Zip

CONTACT: Telephone: __________________Best time: _________ Email: ____________________________

MARITAL STATUS: What was your marital status on December 31? If name changed during the year, did you notify the Social Security Administration? Yes___ No___ Circle One: __Single __Married __Divorced __Legally Separated

DEPENDENTS: If new dependent, provide copy of social security card; if foster child, provide copy of court appointment

Legal Name	Birthdate	Social Security No.	Relationship	Months in Home

INCOME: Not all items are matched, but most are separately reported to IRS for matching purposes. The below is a check list—please check all types that apply and bring the supporting documents. See our website or contact us for additional pages related to specific income/expenses sources . Itemized deductions; Self employed; Rentals; Farming, Auto Expenses/Mileage; Capital asset purchases (business use)

___ Wages W-2s	___Retirement Benefits 1099-R	___ Social Security 1099-SS	___ Unemployment 1099-G
___ Interest 1099-INT	___ Dividends 1099-DIV	___ State Tax Refunds 1099-G	___ Alimony Received
___ Installment Sale Documents	___ Self-Employment	___ Farm Income	___ Rental Income
___ Partnership/S-Corp (K-1)	___ Estate/Trust (K-1)	___ Sale of Stock	___ Gambling Winnings

ESTIMATED PAYMENTS:

T	#1 Due 4/15 Date Paid	Amount Paid	#2 Due 6/15 Date Paid	Amount Paid	#3 Due 9/15 Date Paid	Amount Paid	#4 Due 1/15 Date Paid	Amount Paid
Federal								
Kansas								
Other____								

The following questions must be answered in order to file an accurate return. <u>Provide</u> all supporting forms (i.e. #s 1095, 1098, 1099)

YES NO

___ ___ Did you have qualified health insurance for yourself and every person listed on your return for all 12 months? **Form 1095** or other proof of insurance.

___ ___ Did you withdraw money from your IRA or take an early distribution from a retirement plan this year? **Form 1099-R**

Were the funds used for a first-time home purchase or other exclusion to the 10% penalty? Yes___No___

___ ___ Did you convert a Traditional IRA to a ROTH IRA this year? Amount: __________ **Form 1099-R**

___ ___ Did you contribute to an IRA this year? If so:
Amount contributed for **Taxpayer**: Traditional $__________ Roth IRA $____________
Amount contributed for **Spouse**: Traditional $__________ Roth IRA $____________

Do not include 401k contributions or any retirement contributions made through your employer.