# Page 1 of 6 212 212 TAX / JLD TAX INDIVIDUAL ORGANIZER How did you hear about 212 Tax or JLD Tax & Accounting LLC?

Are vou eligible t	to be claimed as a depende	ent on another tax return?	YES / NO		
, i , i , i , i , i , i , i , i , i , i	TAXPAYER INFO:	SPOUSE (if applicable):	Are you filing as:		
Last Name		or o o = (ii approximate):	Single		
First Name			Married Joint		
Middle Name			Need to File Married Filing		
Social Security #			Separate (we can discuss)		
Date of Birth			Head of Household		
Occupation			NAMES		
Blind or Disabled?	YES/NO	YES/NO	MUST MATCH		
Are you a veteran?	YES/NO	YES/NO	SOCIAL SECURITY		
Cell Phone #			CARDS EXACTLY		
Home Phone #					
Home Address					
Apt #					
City					
State					
Zip					
E-mail address					
Have you been a vic	tim of identity theft?	YES	S/NO		
If Yes, please provide	your IRS 6-digit PIN #:				
Did you change your state residency in 2023 YES/NO					
If yes, when did you move and from what state?					
DEPENDENTS INFO:					
First Name					
Middle Name					
Last Name					
Social Security #					
Date of Birth					
Relationship					
Full Time Student?	YES/NO	YES/NO	YES/NO		
	lirect deposit of your refun		CH, please provide:		
Bank Routing #		Bank Account #			
Checking or Savings?		Bank Name			
e you notified by the IRS	, State and/or City of any c	hange to any prior tax retu	YES/NO		
	ck in to pick up your tax re				
Online Portal	E-mail	Messenger - \$ 25	Priority Mail - \$ 10		

Please provide us with originals or copies of all W-2s, 1099s, 1098s, last year's tax returns (if you are a NEW client) and any other paperwork that affects your taxes.

### 212 TAX / JLD TAX INDIVIDUAL ORGANIZER

**Driver's License Detail** 

<u>Taxı</u>	<u>payer:</u>	<u>Spo</u>	ouse:		
Issuing State		Issuing State			
License Number		License Number			
Issue Date		Issue Date			
Expiration Date		Expiration Date			
NY Document #*		NY Document #*			
State Identification Card D	etail				
	payer:	Spo	ouse:		
Issuing State		Issuing State			
License Number		License Number			
Issue Date		Issue Date			
Expiration Date		Expiration Date			
NY Document #*		NY Document #*			
		•			
By completing this tax organizer and signing below, you certify that all of the information entered onto this tax organizer (all sheets & tabs) is true and complete to the best of your knowledge and belief. We will not audit or verify the data you submit, although we may ask you to clarify it and furnish us with additional information. You are authorizing this information to be used in the preparation of your income tax returns by 212 Tax / JLD Tax & Accounting LLC.  You are also authorizing 212 Tax / JLD Tax & Accounting LLC to mail and e-mail you information and newsletters. If you would like to be removed from our mailing list at anytime please send an e-mail to jldonenfeld@jldtax.com or call us at 201-604-2432.					
TAXPAYER SIGNATURE:		DATE:			
SPOUSE SIGNATURE:		DATE:			

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	,	y child care expenses? clude <b>Caregiver/Daycare</b>	address, tax ID or SS#, and	how much paid for EACH	child.		TES NO
2)		ege tuition for you, your sp ovide form <b>1098-T</b> and <b>ho</b> v	ouse and/or a dependent?  w much you paid out-of-poc	ket for books & school supp	lies.		
3)	If you are a <b>New</b>		of your dependents in college				
4)	Did you have an	y student loan interest?					
5)		rovide <b>how much</b> and Fori					
٠,	5) Did you contribute to a qualified State Tuition Plan (i.e. 529 plan)?  If yes, please provide the amount contributed and to which State Plan:						
6)	6) Did you pay any alimony?  If yes, please provide the amount paid, the recipient's social security number, and the date of divorce.						
7)	7) Do you own your primary residence?  If yes, please provide how much you paid in real estate taxes and mortgage interest and please provide Form 1098.						
8)	Real Estate Taxes Paid: Mortgage Interest (Form 1098)  8) If you were NOT a full time resident of NY State, did you own/rent a home in NY State?						
9)		ew Jersey or New York an pecify the state and provide	d pay rent? e the total amount paid in 2023	3.			
10)	10) Did you contribute to a Traditional or Roth IRA or other retirement plan?  If yes, please provide the amounts contributed and type of plan: (don't include 401-K from work)						
11)		ny charitable contributions			Amount Contribute	d:	
			anization contributed to and e fine) for any donation valued				
	12) Did you issue any household employees a W-2? If yes, please provide the W-2.						
12)	Did you issue ar	ny household employees a	W-2? If yes, please provide the	ne W-2.			
	Did you make ar	ny quarterly estimated tax p	payments? (please do not inlo	ude withholdings from W-2)	ch etato)		
	Did you make ar If yes, please the	ny quarterly estimated tax p		ude withholdings from W-2)	ch state). N.Y. City	Other State	Other State
	Did you make ar	ny quarterly estimated tax pe dates, amounts paid, ar	payments? (please do not inlo and who was paid (i.e., IRS or	ude withholdings from W-2) State, please specify which		Other State	Other State
	Did you make ar If yes, please the April 15th 2023 June 15th 2023 Sept. 15th 2023	ny quarterly estimated tax pe dates, amounts paid, ar	payments? (please do not inlo and who was paid (i.e., IRS or	ude withholdings from W-2) State, please specify which		Other State	Other State
	Did you make ar If yes, please the April 15th 2023 June 15th 2023	ny quarterly estimated tax pe dates, amounts paid, ar	payments? (please do not inlo and who was paid (i.e., IRS or	ude withholdings from W-2) State, please specify which		Other State	Other State
	Did you make ar If yes, please the April 15th 2023 June 15th 2023 Sept. 15th 2023	ny quarterly estimated tax pe dates, amounts paid, ar	payments? (please do not inlo and who was paid (i.e., IRS or	ude withholdings from W-2) State, please specify which		Other State	Other State
13)	Did you make ar If yes, please the April 15th 2023 June 15th 2023 Sept. 15th 2023 Jan. 15th 2024	ny quarterly estimated tax pe dates, amounts paid, an I.R.S.	payments? (please do not inlo and who was paid (i.e., IRS or	ude withholdings from W-2) State, please specify which		Other State	Other State
13)	Did you make ar If yes, please the April 15th 2023 June 15th 2023 Sept. 15th 2023 Jan. 15th 2024 Did you make ar	ny quarterly estimated tax pe dates, amounts paid, an I.R.S.	payments? (please do not inlo and who was paid (i.e., IRS or New Jersey	ude withholdings from W-2) State, please specify which		Other State	Other State
13) 14) 15)	Did you make ar If yes, please the April 15th 2023 June 15th 2023 Sept. 15th 2023 Jan. 15th 2024  Did you make ar Did you suffer ar Did your total me	ny quarterly estimated tax pe dates, amounts paid, an I.R.S.  unit of the stimated tax pe dates, amounts paid, an I.R.S.  ny gifts of more than \$ 15,0 any casualty loss in a federal	payments? (please do not inloce and who was paid (i.e., IRS or New Jersey)  2000 to any one US person?  2011 declared disaster zone?	ude withholdings from W-2) State, please specify which N.Y. State		Other State	Other State
14) 15) 16)	Did you make ar If yes, please the April 15th 2023 June 15th 2023 Sept. 15th 2023 Jan. 15th 2024  Did you make ar Did you suffer ar Did your total me If yes, please pro	ny quarterly estimated tax pe dates, amounts paid, an I.R.S.  ny gifts of more than \$ 15,0 my casualty loss in a federa edical expenses during the ovide the total amount of expentions to your HSA acontributions	payments? (please do not inloce and who was paid (i.e., IRS or New Jersey)  2000 to any one US person?  2011 declared disaster zone?	ude withholdings from W-2) State, please specify which N.Y. State		Other State	Other State
14) 15) 16)	Did you make ar If yes, please the April 15th 2023 June 15th 2023 Sept. 15th 2023 Jan. 15th 2024  Did you make ar Did you suffer ar Did your total me If yes, please pro Did you make co If yes, please pro Did you receive	ny quarterly estimated tax pe dates, amounts paid, are I.R.S.  I.R.S.  ny gifts of more than \$ 15,0 my casualty loss in a federal edical expenses during the ovide the total amount of expension of the contributions to your HSA acrovide us with your 5498-S.	payments? (please do not inloce and who was paid (i.e., IRS or New Jersey)  2000 to any one US person?  ally declared disaster zone?  2 year exceed 2% of your incorvate and/or take distributions	ude withholdings from W-2) State, please specify which N.Y. State  N.Y. State	N.Y. City	Other State	Other State

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1)	What was your immigration status last year and if it has changed, what is it now?  (Non US Citizens/Non Green card holders may have to answer a few additional questions)	WEST WS
2)	Did you receive any wages? Please provide any Form W-2s received.	YES NO
3)	Did you pay any long-term care insurance premiums? (Form 1099-LTC)	
4)	Did you receive any interest or dividend income? Please provide any Form 1099 INT / 1099 DIV / 1099B / 1099 Consolidated received.	
5)	Did you sell any stock or exercise or sell employee stock options? (whether you made money or not!)	
٥,	If yes, please provide the details. (Type of options plan?)	
6)	At any time during the year, did you receive, sell, send, exchange or otherwise acquire any financial interest in any virtual currency, CRYPTO and/or N.F.Ts?  If yes, please provide a <b>break down of your sales</b> including the <b>cost basis</b> .	
7)	Did you receive any income from rental real estate in 2023? If yes, please fill out and return page 6 of the organizer (RENTAL REAL ESTATE).	
8)	Did you receive any self employment income in 2023 (1099 NEC, 1099 MISC, 1099K)?  If yes, please fill out and return page 7 of the organizer (SELF EMPLOYED).	
9)	Do you receive any K1s? (1065, 1120s, 1041) If yes, please provide the <b>K1s</b> .	
10)	Did you take any retirement distributions (IRA, 401K, Keogh, pension funds)? If yes, please provide Form 1099-R.	
	Did you have any retirement distribution taken COVID-19 related in 2020? If yes, did you have tax liability extended over the 3 years?	
11)	Did you receive any social security benefits in 2023?	
	If yes, please provide Form 1099-SSA.	
12)	Did you sell any real estate (Personal Home or investments)? If issued, please provide Form 1099-S.	
13)	Did you receive unemployment income? If yes, please provide Form 1099-G (this can be downloaded from the state's website).	
14)	Did you purchase any goods that you did not pay sales tax on? If yes, please provide the amounts.	
15)	Did you have any funds in foreign bank accounts?	
	If yes, please provide the maximum balance in the account during 2023 in USD. If over \$10,000, please provide the name and address of the bank.	
45.	Please also provide the name of the account holder, account number and account type (e.g., bank, securities, etc.)	
	Are you a signer on a foreign (non US) account?	
	Did any one foreign (non US) person give you \$100,000 or more?	
18)	Do you own any part of any foreign (non US) company and/or entity?	
20)	Did you earn any income outside of the U.S.?  If yes, please specify the <b>currency</b> , the <b>type</b> of income, the <b>amount earned</b> , and the <b>amount of taxes paid</b> (if any).	
21)	Did you receive alimony income? If yes, please provide the <b>amount of alimony received</b> and the <b>date of divorce</b> :	
22)	Did you receive gambling winnings? If yes, please provide the <b>amount</b> of gambling winnings and <b>Form W-2G</b> :	
23)	Did you receive cancellation of debt? If yes, please provide the <b>amount</b> of cancellation of debt income and <b>Form 1099-C</b> :	
24)	Did you receive jury duty income? If yes, please provide the <b>amount</b> of jury duty income received and <b>Form 1099-G</b> or <b>1099-MISC</b> , if received.	
25)	Did you receive any other income in 2023?	
	REMEMBER: ALL WORLDWIDE INCOME MUST BE REPORTED ON US TAX RETURNS	

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#### **RENTAL REAL ESTATE**

	Rental Property # 1	Rental Property # 2
Complete Address:		
Date Purchased:		
Purchase Price:		
Value of Building(s)/Land: NOT FMV		
(Check your Property Tax Statement)		
# of Days Rented Out:		1
# of Days of Personal Use:		
Rental Income Received:		
2023 Capital Improvements:		
EXPENSES:		
Auto MILES driven (# of miles driven)		
Advertising & Marketing		
Association dues		
Travel		
Cleaning & Maintenance		
Commissions		
Insurance		
Legal & Professional fees		
Licenses & Permits		
Management fees		
Mortgage interest on form 1098		
Other interest		
Repairs (not capital improvements)		
Supplies		
Pest control		
Property Taxes		
Utilities		
Yard work & Snow removal		
Other		
Other		
	·	

Repairs can be related to electrical, heating/air conditioning, painting, plumbing & roofing Utilities can consist of electricity, heat, telephone, trash removal, water/sewer, internet/TV Please be as specific as possible when classifying expenses

#### **SELF EMPLOYMENT (OWN BUSINESS)**

THIS SHEET IS FOR Taxpayers who are self-employed or SINGLE MEMBER LLCs.						
Business Name:		Type of Business:	Tax ID (EIN #)			
EXPENSES (fill in only what applies to your business):						
Advertising & Marketing		Did you make any payments that would require you t	to file a 1099?			
Bank Fees & Credit Card Merchant Fees		(payments of \$600 or more annually to Individuals and LLCs)				
Business Gifts (up to \$ 25 per client)		If YES, did you issue all required 1099s ?				
Business MEALS		Did you pay health insurance premiums?		YES/NO		
Commissions paid		If YES, how much ?		\$ -		
Contract Labor		INCOME				
Cost of Goods Sold (we can help with this)		Income on 1099-MISC or 1099-NEC				
Dues, Subscriptions & Memberships		Income on 1099-K (from credit card processors)				
Employee Benefits (specify type please)		Other SELF-EMPLOYED income (not on 1099s)				
Equipment Rent		TOTAL GROSS INCOME:	\$	-		
Insurance (except for health, specify type)		Have you made purchases of the following items:				
Interest paid (specify type please)		COMPUTERS, EQUIPMENT, PHONES, SOFTWARE & TABLE	ETS	YES/NO		
Internet (not home office)		If yes, please provide the following details:				
Legal & Professional Fees		Item Description	Date Purchased	Price		
Licenses & Permits						
Office Expenses						
Office Rent (not home office)						
Office Supplies						
Other taxes (non payroll related)						
Payroll fees / services (Paychex, ADP,etc.)		HOME OFFICE EXPENSES:				
Payroll Taxes		Square Footage of Home Office EXCLUSIVELY use	ed for business:			
Printing, copying, signs, etc.		Total Square Footage of Home:				
Repairs and Maintenance (not home office)		Total Rent Paid:				
Salaries paid to employees (provide W2's)		Total Insurance:				
Shipping, Postage & Messengers		Total Internet:				
Small tools & equipment (under \$ 500 each)		Total Repairs & Maintenance:				
Tax Preparation and Accounting		Total Telephone & Fax:				
Taxis & Ubers		Total Utilities:				
Telephone (Landline & Cellular monthly bills)		BUSINESS VEHICLE EXPENSES:	-			
Trade Publications		Make, Model, and Year of Car:				
Travel		Total miles driven during the year:				
Uniforms & Dry Cleaning of uniforms		Business miles (do not include commuting miles)				
Utilities (not home office)		Gas:				
Vehicle Rentals		Insurance & Registration:				
Miscellaneous expenses		Parking:				
Retirement Plan Contributions		Cleaning, Repairs, Maintenance:				
Additional Comments		Tolls:				
		Is the vehicle leased / financed / paid-off?				
		If <b>financed/paid-off</b> , please provide: Date of Purchase				
		Purchase Price				
		Annual Car Loan Interest				
		If <b>leased</b> , please provide <b>monthly</b> lease payment:				
		If leased, please provide start date of lease:				
		If leased, please provide Fair Market Value:				
		Do you have another vehicle for personal use?	YES/N	IO		