

# Bookkeeping Solutions GA LLC

email: [contact@bookkeepingsolutions.biz](mailto:contact@bookkeepingsolutions.biz)

## Tax Payer

**Name:** \_\_\_\_\_

**SS #** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

## Spouse

**Name:** \_\_\_\_\_

**SS #** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

*Form 1095A is required if you have marketplace insurance. We require current State Issued ID.*

### Changes to Dependents:    **Yes**    **NO**

Dependent Name	Social Security #	Date of Birth

**Stimulus Received in 2021:** \_\_\_\_\_

**Advanced Child Tax Credit Received in 2021:** \_\_\_\_\_

### INCOME:

	W2's		1099's
Tax Payer	[ ]	Tax Payer	[ ]
Spouse	[ ]	Spouse	[ ]
	( number of W2's)		(type of 1099)      (number of 1099's)

**Notes for Preparer:**

\_\_\_\_\_

\_\_\_\_\_

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**Date Received:** \_\_\_\_\_ **Received by:** \_\_\_\_\_

# Tax Organizer 2021

Mortgage Interest Paid		Interest and Dividends Earned	
1st Mortgage	_____	Interest:	_____
2nd Mortgage	_____		_____
Home Equity LOC:	_____		_____
Mortgage Insurance:	_____	Dividends:	_____
<b>Contributions</b>			
Cash:	_____	Non-Cash:	_____
<b>Stocks &amp; Investment Sales</b>			
Description	_____	Documents Attached:	_____
	_____		_____
	_____		_____
<b>Taxes</b>			
Real Estate	_____	TAVT	_____
<b>Quarterly Payments</b>			
Date Paid	_____	Federal	_____
	_____		_____
	_____	State	_____
<b>Medical Expenses</b>			
Prescriptions	_____	Private Health Insurance	_____
Doctors	_____	Medicare Premiums	_____
Dentists	_____	Hospitals & Labs	_____
Eyeglasses & Contacts	_____	Medical Travel Miles	_____
<b>Self Employment Business Income &amp; Expenses</b>			
<b>Business Name / Services:</b>			
Owner:	_____	Gross Income / Revenue:	_____
<b>Expenses:</b>			
Advertising	_____	Professional Fees	_____
Bank Fees	_____	Rent	_____
Commissions	_____	Rental Equipment	_____
Contract Labor	_____	Repairs / Main	_____
Dues & Subs	_____	Supplies	_____
Insurance	_____	Taxes / Licenses	_____
Interest	_____	Telephone	_____
Materials	_____	Travel	_____
Meals	_____	Other (Explain):	_____
Office	_____		_____
Home Office: Total Sq. Ft:	_____	Sq. Ft. Used for Office:	_____
Total Miles Driven	_____		_____
Business Miles	_____	@ .56/Mile =	_____
		Net Profit/Loss:	_____

Completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Date Filed: \_\_\_\_\_

# Tax Organizer 2021

Completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Date Filed: \_\_\_\_\_