

**PERSONAL INCOME TAX ORGANIZER – 2019  
NEW CLIENT**

Your Name: \_\_\_\_\_  
 Spouse's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Main or Home Phone: \_\_\_\_\_  
 Your Occupation: \_\_\_\_\_  
 Your Work Phone: \_\_\_\_\_  
 Your E-Mail Address \_\_\_\_\_

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Cell Phones: (\_\_\_\_)\_\_\_\_-\_\_\_\_/(\_\_\_\_)\_\_\_\_-\_\_\_\_  
 Spouse's Occupation: \_\_\_\_\_  
 Spouse's Work Phone: \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

**Filing Status:** (circle one)    Single                      Married (filing jointly)                      Married (filing separately)                      Head of Household

**Dependents:**

<u>Full Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>Relationship</u>	<u>Income</u>
_____	____/____/____	____-____-____	_____	\$ _____
_____	____/____/____	____-____-____	_____	\$ _____
_____	____/____/____	____-____-____	_____	\$ _____

Did you have Health Insurance coverage in 2019?                       Yes                       No                       Full Year                       Partial Year

**Forms and Information Checklist (please bring any/all applicable below documents with you)**

- \_\_\_\_\_ Wages: W2s (showing wages from employment)
- \_\_\_\_\_ Pensions: 1099Rs (showing income from pensions)
- \_\_\_\_\_ Social Security: 1099-SSA (showing Social Security income)
- \_\_\_\_\_ 1099s: Dividends, Interest, Unemployment, State Refunds, Miscellaneous Income, etc.
- \_\_\_\_\_ Gambling and Lottery Winnings, Odd Jobs, Jury Duty, etc.
- \_\_\_\_\_ Business Income and Expenses (checklists available on our website under Muenks Tax Forms tab)
- \_\_\_\_\_ Long-Term Care Premiums
- \_\_\_\_\_ Rental Income and Expenses (checklists available on our website under Muenks Tax Forms tab)
- \_\_\_\_\_ Sale of Assets: stocks, mutual funds, real estate, etc.
- \_\_\_\_\_ K1: Partners, S-Corps, Estates, or Trusts (bring all documentation)
- \_\_\_\_\_ IRA or Savings Plan Withdrawals or Distributions (bring all documentation)
- \_\_\_\_\_ 1095A – Affordable Care Act/Health Insurance Marketplace Coverage for 2019

**Tax Payments for 2019**

Due Date	1 <sup>st</sup> Qtr – 4/15/19	2 <sup>nd</sup> Qtr – 6/17/19	3 <sup>rd</sup> Qtr – 9/16/19	4 <sup>th</sup> Qtr – 1/15/20
<b>Federal</b>	\$ _____	\$ _____	\$ _____	\$ _____
<i>Date Paid</i>	____/____/____	____/____/____	____/____/____	____/____/____
<b>State</b>	\$ _____	\$ _____	\$ _____	\$ _____
<i>Date Paid</i>	____/____/____	____/____/____	____/____/____	____/____/____
Add'l Taxes Paid in '19				

**IRA Contributions (Traditional):** You: \$ \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse: \$ \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**IRA Contributions (Roth):** You: \$ \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse: \$ \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Child Care Expenses:**                      Number of Children: \_\_\_\_\_

*To deduct child care expenses you must furnish the IRS with the name, address and ID number of each person or organization who provided the care. For an individual, use his/her Social Security Number (SSN); for a daycare or preschool, obtain the Federal Employer Identification Number (EIN)*

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 EIN or SSN: \_\_\_\_\_  
 Amount Paid: \_\_\_\_\_  
 W2 Dependent Care Benefits: \$ \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 EIN or SSN: \_\_\_\_\_  
 Amount Paid: \_\_\_\_\_  
 W2 Dependent Care Benefits: \$ \_\_\_\_\_

Additional questions/information for your tax preparer should be attached to this form.

**Muenks Tax Company**  
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 Email: preparer@muenkstax.com

**Phone: (314)429-3252**  
**Fax: (314)428-2465**