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2019 TAX PLANNER

This tax planner is for use however you wish.

If you decide not to fill out the tax planner, documents supporting your tax information will be needed. (1099s, W2s, and other income and deduction documents). However, please answer the questions at page 5 of this planner and include with your tax information.

Please contact me by phone or e mail whenever your information is complete.

Thank you,

John B. Kennedy, Tax Consultant

INFORMATION ABOUT YOU AND YOUR DEPENDENTS

NAME _____	SPOUSE _____
DATE OF BIRTH _____	DATE OF BIRTH _____
SOCIAL SEC # _____	SOCIAL SEC # _____
ADDRESS _____	CITY, ST, ZIP _____
E MAIL ADDRESS _____	

QUESTIONS ABOUT YOUR 2020 TAXES OR FUTURE TAXES

Please list any questions that you may have about your 2019 or any future tax situation.

DEPENDENTS:

NAME	DATE OF BIRTH	SOCIAL SEC #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

W2 INCOME

Employer	Wages	Federal Tax W/H	Social Sec W/H	Medicare W/H	Kansas W/H	Missouri W/H	Kansas City W/H
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

INTEREST INCOME

Payer	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DIVIDEND INCOME

Payer	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**STATE TAX REFUNDS RECEIVED
OR BALANCES PAID IN 2019**

State	Refund Received	Balance Paid
_____	_____	_____

**ESTIMATED TAXES PAID
IN 2019**

	Federal	State
Installment 1	_____	_____
Installment 2	_____	_____
Installment 3	_____	_____
Installment 4	_____	_____

OTHER INCOME

Alimony _____	Jury Duty _____	Prizes _____
Unemploy _____	Awards _____	Social Sec _____
Gambling _____	Other _____	

CAPITAL GAINS AND LOSSES (STOCKS, BONDS, CAPITAL ASSETS)

Asset	Date Sold	Date Purchased	Purchase Price	Sales Price
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYEE BUSINESS EXPENSES

Mileage _____	Meals _____	Lodging _____
Phone _____	Supplies _____	Publication _____
Travel _____	Entertain. _____	Other _____

PROFIT/LOSS FROM BUSINESS OR PROFESSION

Business Name _____ Main Activity _____ Fed ID # _____

GROSS RECEIPTS: _____

EXPENSES:

Advertising _____ Taxes _____

Bank S/C _____ Travel _____

Commissions _____ Meals _____

Dues Subscriptions _____ Entertainment _____

Freight _____ Telephone _____

Mileage _____ Utilities _____

Insurance _____ Wages _____

Interest _____ Outside Services _____

Professional Fees _____ Supplies _____

Rent _____ Postage _____

Repairs _____ Other _____

PERSONAL DEDUCTIONS

Health Care _____ Cash Contributions _____

IRA Contributions _____ Non Cash Contrib _____

Tuition _____ Child Care _____

Mortgage Interest _____ Alimony _____

Real Estate Taxes _____ Health Ins _____

Personal Property Taxes _____ Other _____

IMPORTANT QUESTIONS:

Have you been notified by IRS of any changes to any prior year tax return?	YES	NO
Do you expect any major changes to your tax liability in 2020?	YES	NO
Did you buy or sell any real estate in 2019?	YES	NO
Did you withdraw any IRA or 401K funds in 2019?	YES	NO
Did you receive any distribution of retirement funds in 2019?	YES	NO
Did you pay a significant amount of medical expenses in 2019?	YES	NO
Did you pay any child/dependent care expenses in 2019?	YES	NO
Did you pay any college tuition in 2019?	YES	NO
Did you change your primary residence in 2019?	YES	NO
Did you pay any estimated taxes in 2019?	YES	NO
Did you own any interests in S Corporations or Partnerships in 2019?	YES	NO
Did you buy or sell any capital assets on 2019?	YES	NO
Did the dependency status of any children change in 2019?	YES	NO
Did your marital status change in 2019?	YES	NO
Did you purchase health insurance through the ACA in 2019?	YES	NO

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