

Income Tax Organizer

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(If you are a new client, please send a copy of last years tax return)

Taxpayer Name	S.S. # - -	Birthdate / /
Spouse Name	S.S. # - -	Birthdate / /
Mailing Address	Home Phone Number () - -	Work or Cell Phone Number () - -
Taxpayer E-Mail Address	Spouse E-mail Address	

DEPENDENTS (attach additional sheet if necessary)

NAME	S.S. #	D.O.B.	RELATIONSHIP

Was there anyone else to whom you contributed support, that resides in the U.S., Canada or Mexico?

NAME	S.S. #	D.O.B.	RELATIONSHIP	% SUPPORTED	INCOME OF PERSON
					\$
					\$

CHILD OR DEPENDENT CARE

Did you pay a baby-sitter last year?

NAME OF SITTER	S.S. #	ADDRESS	AMT. PD.
			\$
			\$

If your sitter is an adult & works in your home, you are required to file W-2 forms by January 31. If you want us to prepare these forms contact us right away.

ESTIMATED TAXES PAID

	Federal		State		Local:	
	Date	Amount	Date	Amount	Date	Amount
1 st Quarter						
2 nd Quarter						
3 rd Quarter						
4 th Quarter						
Other						

If you are due a refund, would you like it directly deposited into your bank account? Yes No

If Yes, Checking **Savings** **Routing Number** _____ **Account Number** _____

Have you received any notice from the IRS or State revenue Department within the past year? Yes No