

# CPA ACCOUNTING AND TAX SERVICES

1813 N Dean Rd #104 Orlando, FL 32817

(407) 382-6658

## NEW IRS REGULATION: BOTH TAX PAYERS MUST PROVIDE IDENTIFICATION

OFFICE USE ONLY: New Client Previous Client Copy of ID: Y N Deposit Paid? Y N \$ \_\_\_\_\_ Received By: \_\_\_\_\_

### Personal Income Tax Organizer Year \_\_\_\_\_

**Taxpayer Information**

First Name: \_\_\_\_\_ MI \_\_\_\_\_

Last Name: \_\_\_\_\_

SSN#: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

If Deceased Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Address**

Street, City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Do you and your family have Health Insurance for the year you are filing? Y N (If applicable 1095 A or B or C)

Name of the Insurance company: \_\_\_\_\_

How many months? \_\_\_\_\_

Do you have a bank account in a foreign country? (Circle one) Y N \_\_\_\_\_

**Filing Status-Check the appropriate boxes**

- 1. Single
- 2. Married Joint
- 3. Married Separate
- If Filing Status #3 Lived With Spouse
- If Filing Stat #3 Claim Exem for Spouse

- 4. Head of Household
- 5. Qualifying Widow(er)
- 6. Dependent on another Taxpayer
- If Filing Status #4 Child's Name, SS# Put info in box below
- If Filing Status #5 Year Spouse Died \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Extension Filed? Y or N When: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Dependents: For more than 3 people, please attach information on a separate sheet**

NAME	DOB	SS#	Months	Day Care	Tax ID Day Care	PAID
1						
2						
3						

EIC Qualifying Children Documents Y or N (If Yes, we require proof of dependency)

Type of Document provided: \_\_\_\_\_

If any refund, do you want direct deposit? Y N If yes, please provide us with bank information below:

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Do you prefer copy of your tax return: \_\_\_\_\_ electronic copy or \_\_\_\_\_ hard copy (Please mark one)