



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:     /     /

### Spouse Information

First Name: \_\_\_\_\_ MI \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 SSN# \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 If Deceased Enter 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)