www.cpaaccounting.biz
contactus@cpaaccounting.biz

PERSONAL TAX ORGANIZER YEAR: _____

OFFICE USE ONLY: New Client: **Yes:**__ **No:**__ | ID: **Yes:**__ **No:**__ | Deposit: **Yes:**__ **No:**__ **Amount: $**_____ | **Received:** _____

TAX PAYER INFO:

First Name: _____ MI _____
Last Name: _____
SS Number: _____
Date of Birth: _____
If deceased, date: _____
Occupation: _____
Email Address: _____
Phone Number: _____
Address: _____
Street, City, State, Zip: _____

SPOUSE INFO:

First Name: _____ MI _____
Last Name: _____
SS Number: _____
Date of Birth: _____
If deceased, date: _____
Occupation: _____
Email Address: _____
Phone Number: _____
Address: _____
Street, City, State, Zip: _____

MORE INFO: (if Yes, answer the additional questions)

	Y	N	
Do you have Marketplace Health Insurance (1095A)?	____	____	If so how much? $ _____
Do you have a bank account in a foreign country?	____	____	Did it reach $10,000 any time during the year? _____
Do you have Foreign Investments?	____	____	How much? _____
Do you have any Virtual currency (bitcoin)?	____	____	How much? _____
Did you receive a Child Credit in 2024?	____	____	How much? _____ How many qualifying children? ____

FILING STATUS: (check the appropriate boxes)

1. Single: ____
2. Married Joint: ____
3. Married Separate: ____
4. Head of household: ____
5. Qualifying Widower: ____
6. Dependent on another taxpayer: ____

If filing status #3: Did you live with spouse? **Yes:** _____ **No:** _____
If filing status #3: Claim exempt from spouse? **Yes:** _____ **No:** _____
If filing status #4: Child's name _____ SS Number: _____
If filing status #5: Year spouse died: _____
Extension Filed? **Yes:** _____ **No:** _____ **When:** _____
Did you purchase an electric vehicle? **Yes:** _____ **No:** _____

DEPENDENTS: (for more than 3 dependents, please attach information on a separate sheet)

EIC qualifying children documents: **Yes:** _____ **No:** _____ (if yes, we require proof of dependency)
Type of document provided: _____

NAME	DOB	SS#	MONTHS	DAY CARE	TAX ID DAY CARE	PAID
1.	/ /	- -				
2.	/ /	- -				
3.	/ /	- -				

REFUND INFO:

Would you like for it to be directly deposited? **Yes:** _____ **No:** _____
If Yes, please provide us with the bank information:

Select one: Checking: _____ Savings:_____
Bank Account Number: _____
Bank Routing Number: _____

Do you prefer copy of your tax return: **Electronic Copy:** _____ **Hard Copy:** _____ (Please select one)

448 S Alafaya Trail suite#4 Orlando , FL 32828
Office: 407.382.6658 • **Fax:** 407.736.8397