www.cpaaccounting.biz
contactus@cpaaccounting.biz

STATE INCOME TAX ORGANIZER YEAR: _____

SOME STATES REQUIRE THAT WE COLLECT A COPY OF YOUR DRIVER'S LICENSE. PLEASE PROVIDE.

Did you live in other states? **Yes:** _____ **No:** _____

if yes, do you want us to prepare the state return? **Yes:** _____ **No:** _____

if yes, please fill out the form below:

DO NOT INCLUDE FLORIDA. ONLY OTHER STATES

State	From (mm/yyyy)	To (mm/yyyy)	School District

On what day did you move to Florida? _____ (DD/MM/YYYY)

What was your state of residence as of 12/31/2024? _____

For New York Residents Only:

Country of Residence: _____ School District Name: _____

Yonkers Resident? (**Y** or **N**): _____ School District Number: _____

Number of Days spent in New York: _____

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