

CLIENT ORGANIZER INFORMATION**Tax year** _____

This information will help us prepare your tax return, quickly and efficient. Please have Social Security Cards and ID (s)

CLEINT INFORMATION**FULL NAME (as it appears on social security card):**

SSN: _____ - _____ - _____ ID Type _____

ID # _____ Exp Date: _____

OCCUPATION: _____

D.O.B.: ____/____/____

SPOUSE INFORMATION (If applicable)**FULL NAME (as it appears on social security card):**

SSN: _____ - _____ - _____ ID Type _____

ID # _____ Exp Date: _____

OCCUPATION: _____

D.O.B.: ____/____/____

HOME ADDRESS: _____

Street

City State Zip Code

HM PHONE: _____

WK PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

DEPENDENT INFORMATION (If applicable)**FULL NAME (as it appears on social security card):**

SSN: _____ - _____ - _____

D.O.B.: ____/____/____

Relationship: _____

FULL NAME (as it appears on social security card):

SSN: _____ - _____ - _____

D.O.B.: ____/____/____

Relationship: _____

FULL NAME (as it appears on social security card):

SSN: _____ - _____ - _____

D.O.B.: ____/____/____

Relationship: _____

FULL NAME (as it appears on social security card):

SSN: _____ - _____ - _____

D.O.B.: ____/____/____

Relationship: _____

MARITAL STATUS:

On December 31, last year, were you?

_____ Single

_____ Married

_____ Divorced/Separated

_____ Married Filing Separate

_____ Widow(er)-Year Spouse Deceased Date ____/____/____

Is it possible someone else claim you or your spouse as a dependent?

_____ Yes

_____ No