

INCOME TAX ORGANIZER WORKSHEET

Your Personal Information:

Name: _____ Home Phone: _____
Social Security Number: _____ Office Phone: _____
Address: _____ Cell Phone: _____
City: _____ State: _____ Zip Code: _____
Occupation: _____
Date of Birth: _____ E-Mail Address: _____
Drivers License State: __ Number: _____ Date Issued: _____ Date Expires: _____
The drivers license information is needed for new clients. It needs to be updated for returning
clients when they receive a new license.

Spouse Personal Information:

Name: _____ Office Phone: _____
Social Security Number: _____ Cell Phone: _____
Occupation: _____
Date of Birth: _____ E-Mail Address: _____
Drivers License State: __ Number: _____ Date Issued: _____ Date Expires: _____
The drivers license information is needed for new clients. It needs to be updated for returning
clients when they receive a new license.

At any time in the year, did you own virtual (cyber) currency? Yes ____ No ____

Dependents:

There is no deduction for dependents this year. There are credits available for dependents.
Please list them.

Names:	Social Security Number:	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

Electronic Filing and Fund Transfers:

Bank account information is needed for new clients. It needs to be updated for returning
clients when it changes.

Please bring a copy of a check that you want to use for electronic fund transfers

Routing number: _____
Account number: _____