

DATE: _____

PERSONAL INCOME TAX ORGANIZER

Taxpayer's Name: _____ Social Security Number: _____

Spouse's Name: _____ Social Security Number: _____

Taxpayer's Occupation: _____ Taxpayer's date of birth: _____

Spouse's Occupation: _____ Spouse's date of birth: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ E-Mail: _____

Dependent Children (who live with you):

Name: _____ Date of birth: _____ SSN: _____

Name: _____ Date of birth: _____ SSN: _____

Other Dependents:

Name: _____ Date of birth: _____ SSN: _____

Wages:

Employer	Gross Wages	Fed. W/H	SS W/H	Med W/H	State W/H
_____	SEE ATTACHED W-2'S				
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Pensions & Annuities:

Payer	Gross	Taxable	Fed. W/H	State W/H	Code	IRA
_____	SEE ATTACHED 1099-R'S					
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Social Security:

Taxpayer: Gross: SEE SSA-1099 Medicare: _____ Spouse: Gross: _____ Medicare: _____

Other Income:

Source	Type	Amount
_____	_____	_____
_____	_____	_____

Direct Deposit/Withdrawl Info: Bank Name: _____

Account Type: _____ Routing #: _____ Acct #: _____

REQUESTED PREPARER: _____