

Tax Organizer



Personal Information

Name _____ Spouse _____
DOB _____ DOB _____
Social Security # ___/___/___ Social Security # ___/___/___
Address _____
Occupation _____ Occupation _____
Email _____ Email _____
Telephone Day (___) ___-___ Evening (___) ___-___
Cell (___) ___-___ Cell (___) ___-___
Citizenship _____ Citizenship _____

Dependents

Name _____ DOB ___/___/___ SS# ___/___/___
Name _____ DOB ___/___/___ SS# ___/___/___
Name _____ DOB ___/___/___ SS# ___/___/___

Direct Deposit Information

If you would like to have your refund deposited directly to your bank account please fill out the following:

Financial Institution _____
Financial Institution Routing Number _____
Your Account Number _____
Type of Account Checking [] Savings []

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Federal Estimated Tax Payments

Quarter	Due	Date Paid If After Due Date	Amount Paid
1 st	4/15/08	___/___/___	_____
2 nd	6/15/08	___/___/___	_____
3 rd	9/15/08	___/___/___	_____
4 th	1/15/09	___/___/___	_____

State Estimated Tax Payments

Quarter	Due	Date Paid If After Due Date	Amount Paid
1 st	4/15/08	___/___/___	_____
2 nd	6/15/08	___/___/___	_____
3 rd	9/15/08	___/___/___	_____
4 th	1/15/09	___/___/___	_____

Please enclose documentation of income and adjustments to income along with your 2007 Tax Returns.

W-2 Wages

Retirement Accounts Contributions

State Refund from 2007

Education Expenses

1099 Self Employment

Moving Expenses

Interest, Dividends, 1099's

Alimony Paid

Stock, Land, Coin and Collectable Sales

Rental Income

Partnerships and Other Businesses

Social Security or Unemployment

Sale of Home

Retirement Income

Alimony Received

Tax Organizer

Please enclose documentation of Itemized Deductions

Medical, Dental	Prescriptions
Health and Long Term Care Insurance	Property Taxes on Real Estate
Personal Taxes on Cars, Boats, Trailers, Hitches, Airplanes, Motorcycles, etc.	
Mortgage Interest Paid	Charitable Contributions: Cash, Non Cash
Purchase of Home HUD Statement	Income Tax Preparation Fees
Safe Deposit Box Rent	Student Loan Interest
Unreimbursed Job Expenses	Gambling Winnings and Losses
Personal Car Used for Business	

Date Placed in Service ___/___/___

Make and Model

Business Miles

Commuting Miles

Total Miles for 2008

This information is complete and correct to the best of my (our) knowledge.

Both husband and wife must sign when filing a joint return.

Taxpayer signature _____ Date _____

Spouse Signature _____ Date _____