

New Client Tax Organizer

Personal Information

	Name	Social Security #	Date of Birth
Taxpayer			
Spouse			

Address	Date Moved In	Date Moved Out

	Occupation	Phone	Email
Taxpayer			
Spouse			

Filing Status

☐ Single
 ☐ Married Filing Separately
 ☐ Married Filing Jointly
 ☐ Head of Household
 ☐ Surviving Spouse

Identification Information

	Driver's License Information				E-File Security
	Driver's License Number	State	Issue Date	Expiration Date	IP PIN
Taxpayer					
Spouse					

Dependent and Childcare Information

	Name	Social Security #	Date of Birth
Dependent # 1			
Dependent # 2			
Dependent # 3			
Dependent # 4			

Name of Care Provider	Address	EIN	Amount Paid

Banking Information

Bank Name	Routing #	Account #	Checking Savings	Direct Deposit	Direct Withdraw

Estimated Tax Payments

	Federal		State 1		State 2		City/Other	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment Prior Year								
Q1 Payment								
Q2 Payment								
Q3 Payment								
Q4 Payment								