

Individual Income Tax Organizer

General Information

Compliments of:



Fax: (866) 496 7092 Phone: (856) 677 8052
 Email: info@myaccountingpartner.com
 Your Money Matters to Us.

Name of Taxpayer				SS#	-	-
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<i>First</i>	<i>M.I.</i>	<i>Last</i>	Email
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Occupation	Date of birth	Are you new to our firm? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Address	City	State	Zip
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County	Home phone ()	Work or cell ()
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Name of Spouse				SS#	-	-
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<i>First</i>	<i>M.I.</i>	<i>Last</i>	Email
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Occupation	Date of birth	Are you new to our firm? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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(Enter information below only if different from Taxpayer)

Address	City	State	Zip
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County	Home phone ()	Work or cell ()
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If you moved during 2012 enter your previous address	Date of move	/	/
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Filing status: Single Married filing jointly Married filing separately Widow(er) Head of Household

Were you divorced or separated during the year? Yes No Were there any deaths in the family? Yes No

Have you received any notice from the IRS or state revenue department within the past year? Yes No

Names of dependent children	Social Security #	Date of birth	Months lived in home in 2012	Relationship	College student?
Child's name	- -				
	- -				
	- -				
	- -				

Did any of the children have income above \$950 for the year? Yes No Do any of the children have a disability? Yes No

Is it anticipated that a different taxpayer will seek to claim a child listed above as their dependent for tax year 2012? Yes No

Other dependents or people who lived with you

Name	Social Security #	Date of birth	Relationship	Income
	- -			
	- -			

If you are due a refund, would you like it directly deposited into your bank account? *Name of bank*

Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Routing transit number	Account number
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Ask your tax preparer for information about depositing a refund into an IRA account or splitting the deposit into more than one account.