

Susan Does Taxes LLC

New Client Tax Organizer

Personal Information							
Taxpayer	Name <i>Last Name, First Name MI</i>		SSN ###-##-####	Date of Birth MM/DD/YYYY			
Spouse	<i>Last Name, First Name MI</i>		###-##-####	MM/DD/YYYY			
Address	<i>Street, City, ST ZIP</i>						
	Occupation	Email	Daytime Phone ###-###-####	Evening Phone ###-###-####	Cell Phone ###-###-####		
Taxpayer							
Spouse							
Marital Status (end of 2021)							
<input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Married Filing Separately <input type="radio"/> Widow(-er); if spouse died in 2021, enter date of death: MM/DD/YYYY							
Dependent Information							
Full Name of Dependent	Relationship	Date of Birth	SSN	Months In Home	Disabled	Full-Time Student	Childcare Expenses
<i>Last Name, First Name MI</i>	<i>son/daughter/etc.</i>	<i>MM/DD/YYYY</i>	<i>###-##-####</i>	<i>#/12</i>	<i>Y/N</i>	<i>Y/N</i>	<i>\$ ___</i>
<i>Last Name, First Name MI</i>	<i>son/daughter/etc.</i>	<i>MM/DD/YYYY</i>	<i>###-##-####</i>	<i>#/12</i>	<i>Y/N</i>	<i>Y/N</i>	<i>\$ ___</i>
<i>Last Name, First Name MI</i>	<i>son/daughter/etc.</i>	<i>MM/DD/YYYY</i>	<i>###-##-####</i>	<i>#/12</i>	<i>Y/N</i>	<i>Y/N</i>	<i>\$ ___</i>
<i>Last Name, First Name MI</i>	<i>son/daughter/etc.</i>	<i>MM/DD/YYYY</i>	<i>###-##-####</i>	<i>#/12</i>	<i>Y/N</i>	<i>Y/N</i>	<i>\$ ___</i>
<i>Last Name, First Name MI</i>	<i>son/daughter/etc.</i>	<i>MM/DD/YYYY</i>	<i>###-##-####</i>	<i>#/12</i>	<i>Y/N</i>	<i>Y/N</i>	<i>\$ ___</i>
<i>Last Name, First Name MI</i>	<i>son/daughter/etc.</i>	<i>MM/DD/YYYY</i>	<i>###-##-####</i>	<i>#/12</i>	<i>Y/N</i>	<i>Y/N</i>	<i>\$ ___</i>
Dependents required to file a return: _____							
Virtual Currency							
<input type="radio"/> YES <input type="radio"/> NO - At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?							
COVID-19 Implications							
<input type="radio"/> YES <input type="radio"/> NO - Did you receive the third stimulus payment? Enter total amount: \$ _____							
<input type="radio"/> YES <input type="radio"/> NO - Did you receive the Advance Child Tax Credit payment (IRS Tax Letter 6419)? Enter total amount: \$ _____							
Account Information for Deposits/Withdrawals							
Bank Name	Routing Number	Account Number	Checking?	Savings?	Use for Deposit?	Use for Withdrawal?	
<i>Primary Account</i>	<i>#####</i>	<i>#####</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<i>Secondary Account</i>	<i>#####</i>	<i>#####</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Identification Information							
Taxpayer Identification							
Type of Photo ID	<input type="radio"/> Driver's License <input type="radio"/> State-Issued Photo						
ID Number	_____						
State Issuing ID	_____						
Issued Date	MM/DD/YYYY	MM/DD/YYYY					
Expiration Date	MM/DD/YYYY	MM/DD/YYYY					
Spouse Identification							
Type of Photo ID	<input type="radio"/> Driver's License <input type="radio"/> State-Issued Photo						
ID Number	_____						
State Issuing ID	_____						
Issued Date	MM/DD/YYYY	MM/DD/YYYY					
Expiration Date	MM/DD/YYYY	MM/DD/YYYY					
Additional Information, Comments, or Questions?							