## Susan Does Taxes LLC

## **New Client Tax Organizer**

| Personal Info  | rmation  |                   |                               |             |  |  |  |                     |
|--|--|-------------------|-------------------------------|-------------|--|--|--|---------------------|
| <b>Name</b><br>Taxpayer  |  |                   |                               |             |  | SSN  |  | Date of Birth       |
| Тахраусі   | Last Name, First N   | ame MI            |                               | 1           |  | ###-##   | -####  | MM/DD/YYYY          |
| Spouse   | Last Name, First N   | ame MI            |                               |             |  | ###-##   | -####  | MM/DD/YYYY          |
| Address  |  |                   |                               |             |  | _  |  | , = = ,             |
|  | Street, City, ST ZIP   |                   |                               |             | The state of the s |  |  |                     |
|  | Occupation   | Email             |                               |             | Daytime Phone  | Evening  | Phone  | Cell Phone          |
| Taxpayer   | A Particular of the Control of the C | / /               |                               |             | ###-###-####   | ###-###  |  | ###-###-####        |
| Spouse   |  | 7 /               |                               |             |  |  | The same of the sa | ###-###-####        |
| Marital Statu  | s (as of Decei   | mber 31, 2023)    |                               | 7 /         |  |  |  |                     |
| <ul> <li>Married ○ Single ○ Married Filing Separately</li> <li>○ Widow(-er); if spouse died in 2023, enter date of death:</li> </ul>       |  |                   |                               |             |  |  |  |                     |
| Dependent Ir   | nformation /   |                   |                               |             |  | and the second   |  |                     |
| Full Name of Depen   | ndont  | Relationship      | Date of Birth                 | SSN         | Months In  | Disabled   | Full-Time  | Childcare           |
| /  | 1  | Relationship      |                               |             | Home   | The state of the s | Student  | Expenses            |
| Last Name, First N   | lame MI  | son/daughter/etc. | MM/DD/YYYY                    | ###-##-#### | #/12   | Y/N  | Y/N  | \$                  |
| Last Name, First N   | lame M   | son/daughter/etc. | MM/DD/YYYY                    | ###-##-#### | #/12   | Y/N  | Y/N  | \$                  |
| Last Name, First N   | lame MI  | son/daughter/etc. | MM/DD/YYYY                    |             |  | Y/N }  | Y/N  | \$                  |
| Last Name, First N   | Jame MI  | son/daughter/etc. | MM/DD/YYYY                    | ###-##-###  | #/12   | Y/N  | Y/N  | \$                  |
|  |  |                   | , ,                           |             |  |  | T.   | 7                   |
| Last Name, First N   | Name IVII  | son/daughter/etc. | MM/DD/YYYY                    | ###-##-###  | #/12   | Y/N \  | Y/N  | \$                  |
| Dependents required to file a return:  |  |                   |                               |             |  |  |  |                     |
| Virtual Currency   |  |                   |                               |             |  |  |  |                     |
| YES NO - At any time during 2023, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? |  |                   |                               |             |  |  |  |                     |
| Account Info   | rmation for D  | eposits/Withd     | rawals                        |             |  |  |  |                     |
| Bank Name  |  | Routing Number    | Routing Number Account Number |             | hecking? Savings?  |  | Use for Deposit?   | Use for Withdrawal? |
| Primary Account  |  |                   |                               |             | 0  | 0  | O  | 0                   |
| Secondar Account   |  | #############     | ########                      | ####        | 0  | 0  | 0  | 0 }                 |
| Identification   | n Information  |                   |                               |             |  | 1  |  | 1                   |
| Taxpayer Identification  |  |                   |                               |             |  | and the second second  |  | /                   |
| N.   | Type of Photo ID   |                   | Oriver's License              |             | State-Issued Photo   |  | <i>[</i>   |                     |
| ή.   | ID Number  |                   |                               |             | -  |  |  |                     |
| State Issuing ID   |  |                   | 24/22/2004                    | 200/2       | Lange F  |  | /  |                     |
| Issued Date  |  |                   | MM/DD/YYYY                    |             | MM/BD/YYYY<br>MM/DD/YYYY   |  |  |                     |
|  |  |                   | M/DD/YYYY                     |             | IVIIVI/DI  | D/YYYY   |  |                     |
| Spouse Identification  Type of Photo ID  |  |                   | river's License               |             | State-Iss  | auad Photo   | /  |                     |
|  | O B  | Tivel 3 License   |                               | State-13:   | sueu Filoto  |  |  |                     |
|  | D Number<br>State Issuing ID   |                   |                               |             |  |  | -  |                     |
|  | ssued Date   | 0.4               | M/DD/YYYY                     |             |  | n/vvvv   | -  |                     |
| Expiration Date  |  |                   | M/DD/YYYY                     |             | MM/DI  | 1  |  |                     |
|  |  |                   |                               |             | IVIIVI) DI   | Jana Jana  |  |                     |
| Additional Information, Comments, or Questions?  |  |                   |                               |             |  | and the second   |  |                     |
|  |  |                   |                               |             |  |  |  |                     |
|  |  |                   |                               |             |  |  |  |                     |
|  |  |                   |                               |             |  |  |  |                     |