



NEW CLIENT TAX ORGANIZER

PERSONAL INFORMATION

LAST NAME, FIRST NAME AND MIDDLE INITIAL (ADD ANY SUFFIX – JR/SR/III/IV ETC.)		FULL SSN	BIRTHDATE	
Taxpayer	_____			_____
Spouse	_____			_____
Address	_____			_____
OCCUPATION	EMAIL	DAYTIME PHONE	EVENING PHONE	CELL PHONE
Taxpayer	_____	_____	_____	_____
Spouse	_____			_____

MARITAL STATUS AS OF DECEMBER 31st OF CALENDAR FILING YEAR

Married Single Married Filing Separately Widow(-er); enter date of death: MM/DD/YYYY

DEPENDENT INFORMATION

FULL NAME	RELATIONSHIP TO TAXPAYER	BIRTHDATE	SSN	MONTHS IN HOME (1-12)	DISABLED (Y/N)	FT STUDENT (Y/N)	CHILDCARE EXPENSE (\$)

DEPENDENTS REQUIRED TO FILE THEIR OWN RETURN:

VIRTUAL CURRENCY

Did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency during the filing year? YES NO

ACCOUNT INFORMATION FOR DEPOSITS/WITHDRAWALS

BANK NAME	ROUTING NUMBER	FULL ACCOUNT NUMBER	CHECKING?	SAVINGS?	USE FOR DEPOSIT?	USE FOR WITHDRAWAL?
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IDENTIFICATION INFORMATION

	TAXPAYER IDENTIFICATION	SPOUSE IDENTIFICATION
Type of State Issued ID	<input type="radio"/> Driver's License <input type="radio"/> Other <input type="radio"/> N/A	<input type="radio"/> Driver's License <input type="radio"/> Other <input type="radio"/> N/A
State Issuing ID	_____	_____
ID Number	_____	_____
Issued Date	_____	_____
Expiration Date	_____	_____

ADDITIONAL INFORMATION, COMMENTS, OR QUESTIONS?

Thank you for choosing Susan Does Taxes to assist you with your annual tax return. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide. We will prepare your federal and state and local tax returns as applicable. Your accurate tax return is dependent upon you providing all necessary information including pertinent tax forms and demographic updates. We may ask for clarification or additional items but will not otherwise verify the data you submit. Our simplified organizer is available for basic demographic information. More inclusive organizers are available upon request to assist your consideration of information which may aid in the timeliness and efficient preparation of your return.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify necessary data. We will inform you of material errors, potential fraud, or other illegal acts we discover.

In an instance of a potential conflict with tax law, we will outline reasonable courses of action and the risks and consequences of each. We will adopt, on your behalf, the option you select.

If you elected to NOT e-file your returns with our office, you will be solely responsible to file the returns with appropriate taxation authorities. Review all tax return documents carefully before signing them. Our engagement to prepare your annual tax return(s) will conclude with the delivery of the completed returns to you, or with e-filed returns, with your signature and our subsequent submission of your tax return. Be sure to store these records, along with supporting documents, in a secure location. We will retain digital copies of your records and our physical papers from your engagement for up to seven years. After the seven-year period, Susan Does Taxes LLC will destroy physical documents.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, and return signed with your tax documents.

Thank you for the opportunity to be of service. If you have any questions, contact our office at 724-242-7722.



Susan Rozsas Short
Susan Does Taxes LLC

Taxpayer
(print) _____ (signature) _____ (SSN last 4) _____

Spouse
(print) _____ (signature) _____ (SSN last 4) _____

Date _____

Both spouses must sign for preparation of joint returns.