



Client Tax Organizer Worksheet

The Client Tax Organizer Worksheet asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the worksheet.

Names

Taxpayer	Spouse
Social Security #	Social Security #
Birth Date	Birth Date
Occupation	Occupation

Current Address

Street Address	
Mailing Address	
Home Telephone	Work Telephone
County	Email Address

Dependent Children

Full Name	Full Name	Full Name
Birth Date	Birth Date	Birth Date
Social Security #	Social Security #	Social Security #

Other Dependents (less than \$1,000 gross income)

Full Name	Full Name	Full Name
Relationship	Relationship	Relationship
Social Security #	Social Security #	Social Security #