

Client Tax Organizer

2014

Tax Year

Contact Information Primary	Spouse/Partner
Full Name _____	_____
Address _____	_____
Address _____	_____
City, State & Zip _____	_____
Home Phone _____	_____
Work _____	_____
Mobile _____	_____
Email _____	_____

Vital Data	
SSN _____	_____
Date of Birth _____	_____
Occupation _____	_____

Dependents		
Name _____	DOB _____	SSN: _____
Name _____	DOB _____	SSN: _____
Name _____	DOB _____	SSN: _____

Misc.
Rent or Own _____ Self Employed _____
Rental Properties _____