



Tax Organizer - Tax Year 2009

Additional Years: Tax Year 2008 Tax Year 2007
 Tax Year 2006 Tax Year 2005 Tax Year 2005 Other _____

Please Check One:	
<input type="checkbox"/>	- New Client
<input type="checkbox"/>	- Returning TaxRoute Client
<input type="checkbox"/>	- Returning S & T Client

TODAY'S DATE _____

SECTION ONE: Client Personal Data	
Taxpayer Name (First, MI, Last):	Spouse Name (First, MI, Last):
Taxpayer Social Security #:	Spouse Social Security #:
Taxpayer Date of Birth:	Spouse Date of Birth:
Taxpayer Occupation:	Spouse Occupation:

SECTION TWO: Client Phone Numbers, E-mail, &/or Website	
Daytime Phone:	Spouse Daytime Phone:
Evening Phone:	Spouse Evening Phone:
Cellular Phone:	Spouse Cellular Phone:
Best Time To Call:	Spouse Email:
Email: Website:	Spouse Email: Website:

SECTION THREE: Client Address	
Street Address (Apt #)	Which Development? (If Applicable)
City, State, Zip	County
Did you live in another state this year? <input type="checkbox"/> Yes <input type="checkbox"/> No What state did you live in last year? _____	
Dates: From ___/___/___ To ___/___/___	

SECTION FOUR: Client Marital/Filing Status	
<input type="checkbox"/> Single <input type="checkbox"/> Married filing Joint <input type="checkbox"/> Married filing Separate <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow(er), Year spouse died _____	

SECTION FIVE – Part A: Dependent Information – Information about who lived in your home last year, if applicable				
First Name	Last Name	SS #	Relationship	Date of Birth

SECTION FIVE – Part B: Child Care Providers

Provider SSN / EIN (circle)	Provider Name	Address	Amount Paid	Child Name
		_____	\$	
		_____	\$	

SECTION SIX: Sources of Income

Please check/complete all that apply for 2009:

- W-2 Form(s) 1099 forms Pensions (retirement) Withdrawal
 Self Employed Rental Income Unemployment Income
 Social Security benefits received Interest or Dividends Income

SECTION SEVEN: Residence

Please check/complete all that apply for 2009

- Own Home Rent Home or Apt.

NJ Homestead – Tenants Only (Renter’s Rebate)

If you rent, how much do you pay per month for rent? \$ _____/mo
 How many months have you paid above amount? _____

SECTION EIGHT: Other Adjustments

Circle all that apply for 2009:

- (1) Did you sell or purchase a principal residence? **Yes / No** (2) Were you notified by the IRS of changes to the prior year’s return? **Yes / No**
 (3) Did you/spouse/dependent pay education expenses? **Yes / No** (4) Did you/spouse/dependent pay student loan interest? **Yes / No**

SECTION SEVEN: Refund Options

Refund Method: (Check One)

- Fast Refund (24 hours) – additional fee applies**
 E-File (10 days)

How would you like to receive your refund? (Check One)

- Direct Deposit** **Check** **VISA Check Card**

I do not expect to receive a refund

SECTION EIGHT: Bank Information for Direct Deposit

Acct #	Bank Name: _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
	ABA / Routing #: _____	Account #: _____	

Acknowledgement of Receipt of Engagement Letter: I (We) have received the Engagement Letter which outlines TaxRoute’s responsibilities as well as my(our) responsibilities as a client(s) of TaxRoute. Furthermore a copy is to be included in my tax return binder; and a copy is also available on the company website at www.TaxRoute.com.

Taxpayer Signature / Date: _____	Spouse Signature / Date: _____
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Waiver Statement: The above data presented on this Tax Organizer is accurate, inclusive and complete to the best of my (our) knowledge. I (We) understand that ultimately I am (we are) responsible for providing accurate & complete data (demographics, W2s and other source documents) to TaxRoute.

Taxpayer Signature / Date: _____	Spouse Signature / Date: _____
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New Clients (Optional):

- | | |
|--|--|
| Did you see our NEWSPAPER AD ? <input type="checkbox"/> YES or <input type="checkbox"/> No | Did you see our LAWN SIGNS outside? <input type="checkbox"/> YES or <input type="checkbox"/> No |
| Did you hear our RADIO AD ? <input type="checkbox"/> YES or <input type="checkbox"/> No | Were you referred by a RELATIVE/FRIEND/CO-WORKER ? <input type="checkbox"/> YES or <input type="checkbox"/> No |
| Did you see our TV AD ? <input type="checkbox"/> YES or <input type="checkbox"/> No | <input type="checkbox"/> OTHER _____ |

NEW JERSEY

510-C Williamstown Rd, Sicklerville NJ 08081
 PH: 856-740-4912 • FAX: 856-740-4914

TAXPROS@TAXROUTE.COM

All your financial information is confidential. No data will ever be shared.

PENNSYLVANIA

3901 Conshohocken Ave., Philadelphia, PA 19131
 PH: 215-473-4081 • FAX: 215-473-4083

2008 New Client Organizer

Rev 12.31.08