



Tax Organizer - Tax Year 2010

Additional Years: Tax Year 2009 Tax Year 2008
 Tax Year 2007 Tax Year 2006 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 2010:
 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 2010
 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 2010:
 (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

I do not expect to receive a refund

Refund Method: (Check One)
 E-File (10 days) Fast Refund (24hr) – Not Available
 Mail In (21+ days) – Required for Prior Year Return / Amendments / Homebuyers Credit / Other:

How would you like to receive your refund? (Check One)
 Direct Deposit Check VISA Check Card

I would like my tax prep fees taken from my tax refund. I understand that if the IRS does not send a refund for my return, I will be responsible for paying the tax prep fees directly (or “out-of-pocket”) to TaxRoute.

SECTION EIGHT: Bank Information for Direct Deposit

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

Acknowledgement: I/We have chosen to have the tax preparation fees taken from my/our tax refund. I/We understand that if the IRS does not send a refund for my return, then I/we will be responsible for paying the tax prep fees directly (or “out-of-pocket”) to TaxRoute..

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):

Who referred you to TaxRoute? _____ Please check: RELATIVE FRIEND CO-WORKER?
 Did you see our **LAWN SIGNS** outside? YES or No Did you hear our **RADIO AD**? YES or No
 Did you see our **NEWSPAPER AD**? YES or No OTHER _____