



DATE REC'D: _____
 APPT DATE: _____

Client Information Organizer

Please complete this Organizer and return via:

Fax: (562) 684-4180 or

Email: personalaccounting@live.com

or In-person, ALONG WITH YOUR DOCUMENTS

Today's Date	Income Tax year 2023
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1. Personal Information

NAME	SPOUSE'S NAME		
ADDRESS	CITY	STATE	ZIP
CONTACT NUMBER	CONTACT NUMBER		
EMAIL ADDRESS	EMAIL ADDRESS		
DATE OF BIRTH	DATE OF BIRTH		
OCCUPATION	OCCUPATION		

2. Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Social Security Number

If you receive a refund, would you like electric filing to your bank?

If yes, Routing # Account #

"PLEASE INCLUDE YOUR DRIVERS LICENSE INFORMATION"

PRIMARY DL # _____ State _____ Exp Date: _____ Issue Date: _____

SPOUSE DL # _____ State _____ Exp Date: _____ Issue Date: _____

PLEASE DO NOT WRITE IN THE AREA BELOW-FOR OFFICE USE ONLY

Form of Payment: CC CASH CK SB

Preparer: EIC SCH C SCH D SCH E

Total Federal Refund: Total State Refund:

Personal Accountant Fees: Bank Fees:

Amount Paid Directly to you: FED STATE