



Pillars Tax Services
2500 E. Foothill Blvd., Suite 506
Pasadena, CA 91107

Email: pillarstaxservices@yahoo.com
Web: www.PillarsTax.com

INCOME TAX ORGANIZER

CONFIDENTIAL INFORMATION

Taxpayer Information

SSN	First Name & MI	Last Name	Birth Date
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Spouse Information

SSN	First Name & MI	Last Name	Birth Date
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NOTE TO OUR VALUED CLIENTS: Please fill out or update your e-mail address & cell phone numbers!
If there are NO changes to the below information, there is no need to fill out the remaining part of this page.

Filing Status (Please Check One)			
<input type="checkbox"/> 1-Single <input type="checkbox"/> 2-Married Joint <input type="checkbox"/> 3-Married Filing Separate <input type="checkbox"/> 4-Head of Household <input type="checkbox"/> 5-Widow/er			
Street Address			
City		State	Zip Code
Work Phone (with area code)		Home Phone (with area code)	
Email Address		Cell Phone	
Taxpayer	Occupation		Election Fund? <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse	Occupation		Election Fund? <input type="checkbox"/> Yes <input type="checkbox"/> No

DEPENDENT INFORMATION

First Name	Last Name	SSN	Date of Birth	Relationship

IRS REFUND - DIRECT DEPOSIT

(Please submit a voided check to our office for accuracy)

This-Year Bank Interest Income \$ _____ Last-Year State Tax Refund \$ _____

By signing below, I/We hereby certify that ALL information filled out on the four (4) pages of these forms are correct and true. I/We also solemnly declare that all of these information are supported by receipts and other documentation as prescribed by the Internal Revenue Service (IRS).

Check this box if you DO NOT want to receive other financial service offers from our affiliated companies

Signature _____ Date _____
Signature _____ Date _____



SUMMARY OF BUSINESS EXPENSES

Taxpayer Name: _____ Business Code: _____
 Business Address: _____
 City: _____ State: _____ Zip: _____
 Principal Business or Profession: _____
 Business Name: _____ Employer ID #: _____

SOURCES OF INCOME

Gross Receipts or Sales \$ _____
 Cost of Goods Sold \$ _____
 Gross Profit \$ _____
 Non-Employee Comp (1099) \$ _____
 Total Business Income \$ _____

ADVERTISING EXPENSES

Photocopy of Pamphlets \$ _____
 Signs / Billboards / Business Cards \$ _____
 Misc. Advertising Expenses \$ _____
 Total Advertising Expenses \$ _____

OPERATING EXPENSES

Wages & Salaries \$ _____
 Business Utilities/Cables \$ _____
 Business Taxes & Licenses \$ _____
 Repair & Maintenance (Equip) \$ _____
 Commissions / Fees Paid \$ _____
 Employee Benefits \$ _____
 Bad Debts from Services \$ _____
 Insurance \$ _____
 Business Bldg. Mortgage Interest \$ _____
 Business Legal & Prof. Fees \$ _____
 Pension & Profit Sharing \$ _____
 Bus Rent/Lease Machine/Equip \$ _____
 Bus Rent/Lease Bus. Property \$ _____
 Misc. Expenses (Specify) \$ _____

DEPRECIATION EXPENSES

Asset Name _____
 Date of Original Purchase _____
 Original Purchase Price \$ _____
 Date Placed in Business \$ _____

CAR & TRUCK EXPENSES (ACTUAL)

Gasoline & Oils \$ _____
 Repairs & Tires \$ _____
 Auto Insurance \$ _____
 Business Car Tax & Licenses \$ _____
 Car Rental Fees \$ _____
 Depreciation Expense (4562) \$ _____
 Total Car Lease \$ _____
 Total Actual Receipts \$ _____

CAR & TRUCK EXPENSES (MILEAGE / YR)

Date Placed in Service _____
 Business Miles (Business Use) _____
 Daily Commuting Miles _____
 Total Commuting Miles _____
 Total Yearly Mileage _____

TRAVEL & TRANSPORTATION

Travel away from home \$ _____
 Other Business Expenses \$ _____
 Plane Tickets \$ _____
 Taxi / Bus Fares \$ _____
 Hotel / Lodging \$ _____
 Tips & Laundry \$ _____
 Total Travel Expenses \$ _____
 Meals & Representation \$ _____
 Parking & Tolls \$ _____

CHILD & DEPENDENT CARE EXPENSES

Provider Name _____
 SSN / FEIN _____
 Address _____
 Phone # _____
 Child Name _____
 Amount Paid \$ _____

Prepared By _____ Date _____



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SUMMARY OF BUSINESS EXPENSES

Taxpayer Name: _____ Telephone: _____

OFFICE EXPENSES

Marketing Membership Fee \$ _____

Temporary Help \$ _____

Office Furnishings \$ _____

Internet & Accounting \$ _____

Home / Office Improvement \$ _____

Postage & Courier \$ _____

Notary / Bank Charges \$ _____

Miscellaneous Office Expenses \$ _____

Total Office Expenses \$ _____

OFFICE SUPPLIES

Business Cards \$ _____

Business Gifts (\$25 Each) \$ _____

Office / Computer Supplies \$ _____

Forms / Printing / Photocopies \$ _____

Books & Magazines \$ _____

Miscellaneous Supplies \$ _____

Total Supplies Expenses \$ _____

OTHER EXPENSES

Office Rental Expenses \$ _____

Phones & Pagers \$ _____

Seminar / Training Fees \$ _____

Other Business Expenses \$ _____

Total Other Expenses \$ _____

RENTAL PROPERTY INCOME

Property Address _____

Gross Receipts Received \$ _____

Royalties \$ _____

Other Rental Income \$ _____

Total Rental Income \$ _____

NEW EQUIPMENT PURCHASED

Computer (Laptop / Desktop) \$ _____

Fax Machine \$ _____

Photocopy Machine \$ _____

Desk Calculators \$ _____

Furniture \$ _____

Filing Cabinets \$ _____

Other Equipment \$ _____

BUSINESS USE OF HOME

Area used for business _____

Total area of home _____

Home Mortgage Interest \$ _____

Real Estate Taxes \$ _____

Homeowner's Insurance \$ _____

House Repairs & Maintenance \$ _____

Gas & Utilities \$ _____

Rental Expenses \$ _____

House Fair Market Value \$ _____

Value of Land \$ _____

Date first used _____

RENTAL PROPERTY EXPENSES

Advertising \$ _____

Auto and Travel \$ _____

Cleaning & Maintenance \$ _____

Insurance / HOA \$ _____

Legal & Professional Fees \$ _____

Management Fees \$ _____

Mortgage Interest \$ _____

Repairs & Supplies \$ _____

Taxes \$ _____

Utilities \$ _____

Other Rental Expenses \$ _____

Prepared By _____ Date _____