



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 _____



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SUMMARY OF INCOME AND JOB-RELATED EXPENSES

SOURCES OF INCOME (3)

Salaries & Wages from W-2 \$ _____
 Non-Employee Comp. (1099) \$ _____
 Interest Income \$ _____
 Dividend income \$ _____
 Refund of state and local taxes \$ _____
 Alimony received \$ _____
 IRA distributions received \$ _____
 Gambling Winnings (W2-2G) \$ _____
 Unemployment compensation \$ _____
 Social Security received \$ _____
 Other income \$ _____
 Total Income \$ _____

MEDICAL & DENTAL EXPENSES (A)

Health Insurance Premiums \$ _____
 Long Term Care Premiums \$ _____
 Medical Miles _____
 Other Medical Expenses \$ _____
 • (RX, Doctors, Labs, Co-Pays, etc.) \$ _____
 Total Medical Expenses \$ _____

TAXES PAID

Income Taxes – Local/State \$ _____
 General Sales Tax – Local/State \$ _____
 Real Estate \$ _____
 Other Taxes \$ _____
 Total Taxes Paid \$ _____

INTEREST PAID

1098 Mortgage Interest/Points \$ _____
 Unreported Points \$ _____
 Total Interest Expenses \$ _____

GIFTS TO CHARITY (Receipts required on \$250+ giving)

Gifts by cash or check \$ _____
 Church Name _____ \$ _____
 Other than cash or check \$ _____
 Total Gifts to Charity \$ _____

UNREIMBURSED EMPLOYEE EXPENSES (20)

Uniforms and Shoes \$ _____
 Small Tools and Equipment \$ _____
 Business Telephone \$ _____
 Cont. Ed., Books & Union Dues \$ _____
 Job Supplies & Subscriptions \$ _____
 Other Expenses (specify) \$ _____
 Total Job-Related Expenses \$ _____

Tax Preparation Fees \$ _____

OTHER EXPENSES (22)

Legal Fees \$ _____
 IRA & Investment Fees \$ _____

OTHER MISC. DEDUCTIONS (27)

Gambling Losses \$ _____
 Declared - Gambling Winnings \$ _____
 Total Misc. Deductions \$ _____

EMPLOYEE BUSINESS EXPENSES (2106)

Park, tolls and transportation \$ _____
 Travel away from home \$ _____
 Other business expense \$ _____
 Meals & Entertainment \$ _____
 Total Employee Expenses \$ _____

MILEAGE INFORMATION (2106)

Date placed in service _____
 Total mileage for year _____
 Business miles do not include personal miles _____
 Daily Commuting miles _____
 Total Commuting Miles _____

ACTUAL EXPENSES (2106)

Taxes \$ _____
 Gas, oil, insurance, repairs, etc. \$ _____
 Car rentals or Car lease \$ _____
 Total Actual Expenses \$ _____
 Other Business Car Expenses \$ _____

Prepared By _____ Date _____