

Tax Organizer

Tax Year: SSSSSSSSSS



Taxpayer Name: _____
 Name of spouse: _____

SSN: _____
 SSN: _____

Please answer all the questions below. After you have completed this; please mail, email, or fax back with the signed Engagement letter that is attached to this form. Please make sure it is sent to your assigned Tax Analyst.

FILING STATUS

Single Married Filing Joint Married Filing Separate Head of Household with Qualifying Dependent
 (if married filing separate we must have your spouse name and SSN above)

Taxpayer Date of Birth: _____ Spouse Date of Birth: _____

INCOME INFORMATION

Taxpayer Income Information:

<input type="checkbox"/> I am a W-2 Employee	<input type="checkbox"/> I am a 1099 contractor/Self-Employed
<input type="checkbox"/> I have rental properties	<input type="checkbox"/> I sold stock/real estate
<input type="checkbox"/> I received alimony of: \$ _____	<input type="checkbox"/> I paid alimony of: \$ _____ Paid to: (Name) _____ (SSN) _____

Spouse Income Information:

<input type="checkbox"/> I am a W-2 Employee	<input type="checkbox"/> I am a 1099 contractor/Self-Employed
<input type="checkbox"/> I have rental properties	<input type="checkbox"/> I sold stock/real estate
<input type="checkbox"/> I received alimony of: \$ _____	<input type="checkbox"/> I paid alimony of: \$ _____ Paid to: (Name) _____ (SSN) _____

ITEMIZED DEDUCTIONS (Please list any additional expenses on a separate sheet)

Health Insurance Premiums (Not Paid Through Employer):	\$ _____	Medical Miles:	_____
Medical Expenses Total:	\$ _____	Dental Expenses:	\$ _____
Personal Property Taxes:	\$ _____	Real Estate Taxes:	\$ _____
Home Mortgage Interest & Points on Form 1098:	\$ _____	Home Mortgage Interest & Points NOT on Form 1098:	\$ _____
Mortgage Insurance Annual Premium (s):	\$ _____	Investment Interest expense:	\$ _____
State & Local Income Taxes:	\$ _____	Sales Tax (Large Items Purchased):	\$ _____
Unreimbursed Employee Expenses: List expense type and amount below	\$ _____	Charitable Donations – Amount:	\$ _____
		Name of Charitable Organization:	_____

I attest that the above information is true and correct to the best of my knowledge.

 Signature of Taxpayer Date Signature of Spouse Date

Tax Organizer

Dependent Information



tax defense
NETWORK

Client Name:

Tax Year:

Please answer all the questions below. After you have completed this; please mail, email, or fax back with the signed Engagement letter that is attached to this form. Please make sure it is sent to your assigned Tax Analyst.

TAXPAYER INFORMATION

Primary Taxpayer Name: SSN:

Spouse Name: SSN:

DEPENDENT INFORMATION

Dependent 1: First Name: Last Name:

SSN: DOB: Relationship to Taxpayer:

Is the dependent enrolled in college? YES NO Number of months dependent lived with you for this tax year:

Did you pay child/dependent care expenses? If yes, please provide the care providers EIN, address and amount paid:

EIN: Address: Name:

Amount Paid \$: **Can you claim this person as a dependent?** YES NO

Dependent 2: First Name: Last Name:

SSN: DOB: Relationship to Taxpayer:

Is the dependent enrolled in college? YES NO Number of months dependent lived with you for this tax year:

Did you pay child/dependent care expenses? If yes, please provide the care providers EIN, address and amount paid:

EIN: Address: Name:

Amount Paid \$: **Can you claim this person as a dependent?** YES NO

Dependent 3: First Name: Last Name:

SSN: DOB: Relationship to Taxpayer:

Is the dependent enrolled in college? YES NO Number of months dependent lived with you for this tax year:

Did you pay child/dependent care expenses? If yes, please provide the care providers EIN, address and amount paid:

EIN: Address: Name:

Amount Paid \$: **Can you claim this person as a dependent?** YES NO

Engagement Letter for your Tax Preparation for Tax Year(s): _____

This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your Federal/and or State tax returns (please see your Service Agreement for details). We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will, of course, inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents, canceled checks, etc., as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign and date in the space indicated below and return this to us.

Please call if you have any questions.
Tax Defense Network, Inc.

BOTH SPOUSES MUST SIGN FOR PREPARATION OF JOINT RETURNS.

_____	_____	_____	_____
Date	Please Print Taxpayer Name	Taxpayer Signature	SSN
_____	_____	_____	_____
Date	Please Print Spouse Name	Spouse Signature	SSN

Affirmation of Truth

I _____ and _____ affirm that the financial and tax information given is true and accurate. I/We understand that the income and expense information given will be used by Tax Defense Network, Inc. to accurately prepare my Tax Returns. If at anytime I/We become aware of the misrepresentation of our tax information on the attached tax organizers I/We affirm that Tax Defense Network, Inc. will be made aware of these anomalies as soon as possible.

If you can agree with the information included on the attached tax organizers, please sign and date where indicated below. By signing this statement you agree that the information that you have reported to Tax Defense Network, Inc. is accurate and complete and is a true representation of your tax affairs.

_____	_____	_____	_____
Signature	Date	Signature	Date