

BGGE Client Tax Organizer

For Office Use Only:

Last Name:		Tax Year:	
User Name:		Taxpayer's Pin:	
Password:		Spouse's Pin:	

SECTION 1: PERSONAL & DEPENDENT INFORMATION: *New clients should provide a copy of their prior year return and a sheet with a copy of the social security card of each person that will be on the return. Returning clients only need to fill out information that changed from last year. If the spouse's information is the same, there is no need to duplicate it.*

	TAXPAYER		SPOUSE	
Last Name				
First Name / Middle Initial				
Current Address				
City, State, Zip				
Date of Birth				
Social Security Number				
Driver's License Number				
Issue Date / Expiration Date				
State				
Current Employer				
Current Occupation				
Are you?	<input type="checkbox"/> Disabled	<input type="checkbox"/> Blind	<input type="checkbox"/> Disabled	<input type="checkbox"/> Blind
Home Phone / Cell Phone				
Best Time To Contact?				
Email Address				
State of residence at the end of last year?				
County / School District <i>(if different)</i>				
Non-resident alien of your state any part of the tax year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you be claimed as a dependent on anyone else return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Designate \$3 to go to The Presidential Election Fund?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the IRS or State Taxation Department contacted you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you receive a \$250 economic recovery payment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you signed up to receive BGGE's e-newsletter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who referred you?				

FILING STATUS

<input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Did not live with spouse at any time during year <input type="checkbox"/> Eligible to claim spouse's exemption	<input type="checkbox"/> Head of household If qualifying person is child but not dependent: Child's name: _____ Child's SS #: _____ <input type="checkbox"/> Qualifying widow(er). Year Spouse Died: _____
--	---