

DROP OFF  WAITING  NEW CLIENT  PRIOR CLIENT

FORM TYPE: W-2  1099

## TAXPAYER TAX ORGANIZER -- TAX YEAR 2014

Email address: \_\_\_\_\_ Cell phone service with: \_\_\_\_\_

Would you like your taxes emailed? Yes  No

Filing Status: Single  Married  MFS  Head of Household

TAXPAYER NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

Taxpayer: DOB: \_\_\_\_\_ Driver's License # \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Expiration \_\_\_\_\_

Taxpayer: DOB: \_\_\_\_\_ Driver's License # \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Expiration \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Occupation \_\_\_\_\_ Spouse Occupation \_\_\_\_\_

Does the Taxpayer/Spouse have Health Insurance Coverage? Yes  No

Name of Healthcare Provider \_\_\_\_\_

Is the Taxpayer/Spouse's Health Insurance Coverage paid by their employer? Yes  No

Dependent's Full Name (MUST MATCH NAME ON SS CARD)	Date of Birth	Social Security Number	Relationship

Direct Deposit: RTN \_\_\_\_\_ ACCT# \_\_\_\_\_ Checking/Savings \_\_\_\_\_

Federal Refund: \_\_\_\_\_ State Refund: \_\_\_\_\_

I HAVE PRESENTED ALL INFORMATION THAT WAS REQUESTED OF ME. ALL INFORMATION ON THIS FORM IS TRUE AND ACCURATE. NO INFORMATION PRESENTED HAS BEEN TAMPERED WITH OR ALTERED. I DO NOT HOLD HAYNES ACCOUNTING AND

Taxpayer Signature \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date: \_\_\_\_\_

AMENDED RETURNS - \$250.00 No Exceptions

Date \_\_\_\_\_ Time \_\_\_\_\_