



When was the last Year **We filed** your taxes. 2021 2020 2019

Taxpayer/Primary Name _____ SSN _____ - ____ - ____ DOB ____/____/____
 Spouse Name _____ SSN _____ - ____ - ____ DOB ____/____/____
 Address _____ Phone _____
 _____ e-mail _____
 Tax Payer Occupation _____ Spouse Occupation _____

****If you are a repeat client, please write your last name, last 4 digits of social & fill in only changes.****

****New Clients, please complete ALL sections.****

- Single Married Filing Separately
 Married Filing Joint Unmarried Head of Household

Dependent Name	SSN	DOB	Relationship	Full-Time Student		
				Yes	No	
	- -	/ /		Yes	No	
	- -	/ /		Yes	No	
	- -	/ /		Yes	No	
	- -	/ /		Yes	No	

For Direct Deposit and Direct Withdrawals

Name of Bank	Routing #	Account #

DAYCARE	EIN#	ADDRESS	AMOUNT PAID
	- -		

- If you received Medical Coverage/Obama Care in 2022 there is a form 1095-A. (if yes, attach form)**
- Did you claim unemployment in 2022? (if yes, attach statement.)**

I/We certify that we have submitted all applicable source documents for our tax preparation for the tax year 2022 and the taxes were prepared based on those documents submitted by us.

If I/We are not completing the tax return with the firm, we will pay a minimum of \$100 before obtaining all source documents back.

Signature _____

Spouse Signature _____

Date _____

FOR OFFICE USE ONLY

OTHER REMARKS:



INPUT BY: _____ DATE: _____ CHECKED BY: _____

Business Name

EIN/SSN

Business Income and Expenses

Exhibit A

For Schedule - C, LLC's, Corp's, Partnership's

RECEIPTS & INVENTORY			REMARKS
	Gross Receipts	\$	
	Other Income	\$	
EXPENSES			
	1099 Issued	\$	
	Wages paid	\$	
	Advertising	\$	
	Car & Truck Expenses	\$	
	Commissions & Fees	\$	
	Contract Labor	\$	
	Development Costs	\$	
	Insurance	\$	
	Meals & Entertainment	\$	
	Loan Interest - Business Related	\$	
	Legal/Professional Fees	\$	
	Office Expense	\$	
	Postage & shipping	\$	
	Pension & Profit-Sharing Plan	\$	
	Rent/Lease	\$	
	Repairs & Maintenance	\$	
	Supplies	\$	
	Taxes & License	\$	
	Telephone	\$	
	Education & Training	\$	
	Travel	\$	
	Utilities	\$	
	Utilities	\$	
OTHER EXPENSES			
ASSETS PURCHASES			
	Description	\$	



DATE OF PURCHASE			
	Opening Inventory	\$	
	Purchases	\$	
	Ending Inventory	\$	

(WE ARE ATTACHING PROOF OF INCOME & EXPENSES)

_____ OR _____
 NAME SSN EIN

Rental Properties

**Exhibit B
Schedule - E / 8825**

Property Address

1. _____

2. _____

3. _____

	1	2	3
Prop. Type: Single/Duplex/Condo			
Rental Income			
Expense			
Advertisement			
Auto & Travel			
Cleaning & Maintenance			
Commission			
Insurance			
Professional Fee			
Mortgage Interest			
Other Interest			
Repairs			
Supplies			
Taxes			
Utilities			
Commissions			
Other (Attach details)			
Association Dues			
License			
Trash Fees			
Grass Cutting			
Snow Removal			



GEORGE,
GOLDSTEIN CO.
FINANCIAL SERVICES

TAX ORGANIZER
2022

	Cost of Building & Date of Purchase			
	Improvements – Capital – Current Year			
	Settlement sheet enclosed Y/N			

(WE ARE ATTACHING PROOF OF INCOME & EXPENSES)