



When was the last Year **We filed** your taxes. 2023 2022 2021

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 Joint Married Filing Separately Unmarried Head of Household

Table with 5 columns: Dependent Name, SSN, DOB, Relationship, Full-Time Student. Includes rows for Yes/No entries.

For Direct Deposit and Direct Withdrawals

Table with 3 columns: Name of Bank, Routing #, Account #

Table with 4 columns: DAYCARE, EIN#, ADDRESS, AMOUNT PAID

- If you received Medical Coverage via Market Place, you would receive a statement, Form 1095-A (if yes, attach)
Did you claim unemployment in 2024? (if yes, attach statement.)

I/We certify that we have submitted all applicable source documents for our tax preparation for the tax year 2024 and the taxes were prepared based on those documents submitted by us.
If I/We are withdrawing the engagement after the firm completed preparations, I/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, BANK STATEMENTS, CREDIT CARD STATEMENTS, CASH RECEIPTS, CANCELLED CHECKS ETC)

_____-_____-_____- **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			
Cost of Building & Date of Purchase			



GEORGE,
GOLDSTEIN CO.
FINANCIAL SERVICES

TAX ORGANIZER
2024

	Improvements – Capital – Current Year			
	Settlement sheet enclosed Y/N			

(WE ARE ATTACHING PROOF OF INCOME & EXPENSES, BANK STATEMENTS, CREDIT CARD STATEMENTS, CASH RECEIPTS, CANCELLED CHECKS ETC)