



Tax Organizer – New Clients with Dependents

Client(s) Name: _____

What is your filing status this year?

- Married
- Married filing Separate
- Single
- Head of Household (You must have qualifying dependents)
- Not Sure (We will contact you and help decide)

DEPENDENT INFORMATION: Please fill out each column for all dependents.

Dependent's Name	Relationship to Taxpayer	Date of Birth	Social Security Number	Annual Income Amount (If applicable)	Full time College Student?	Months Lived in Home

****NOTE:** You are required to provide a copy of the Social Security card for each dependent (first year only). Any taxpayer that qualifies for the Earned Income Tax Credit will be required to provide a copy of the birth certificate for each dependent (first year of filing) and provide a copy of school and/or medical records with child's name and address for proof of residency annually.

DAY CARE EXPENSES: Did you pay for day care expenses (including preschool) to allow you to work or attend school full time?

- Yes
- No

If yes, please complete for **each** child. This information is required by the IRS.

Child's Name	Name of Daycare Provider	Address of Provider	Phone Number of Provider	SSN or EIN of Provider	Amount Paid to Provider