



8050 SW Pffafle St. Suite 110, Tigard, Or 97223
(503) 619-1040 FAX (503)-619-1045 BUS# B14044/6971BC

Simplified Tax Organizer		Filing Status		<input type="checkbox"/> Spouse	<input type="checkbox"/> P.O.A.
Primary Tax Payer:		Secondary:		<input type="checkbox"/> N/A	<input type="checkbox"/> Contact
First:	M.I.	First:	M.I. :		
Last:		Last:			
Preferred Name:		Preferred Name:			
Phone:		Phone:			
DOB:		DOB:			
SSN:		SSN:			
Drivers License No:		Drivers License No:			
ID Type: <input type="checkbox"/> License <input type="checkbox"/> ID		ID Type: <input type="checkbox"/> License <input type="checkbox"/> ID			
Issued:	Expires:	Issued:	Expires:		
Email:		Email:			
Address:		Address:			
Apt:		Apt:			
City/State/Zip		City/State/Zip			
Occupation:		Occupation:			
Dependent(s)/ SSN(s):		Dependent(s)/ SSN(s):			
Fully complete this tax organizer for our tax database, changes or not					
Economic Impact Payments: (List TTL only if filing tax year(s) 2020 or 2021)					
2020 1ST \$_____	2020 2ND \$_____	2021 3RD \$_____	<input type="checkbox"/> \$0		
Child Tax Credit Payments: TTL \$_____		<input type="checkbox"/> \$0			
Extension Payments: F\$_____ Date_____ S\$_____ Date_____ L\$_____ Date_____ <input type="checkbox"/> \$0					
Estimated Payments: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> \$0					
F \$_____ Date_____	F \$_____ Date_____	F \$_____ Date_____	F \$_____ Date_____		
S \$_____ Date_____	S \$_____ Date_____	S \$_____ Date_____	S \$_____ Date_____		
L \$_____ Date_____	L \$_____ Date_____	L \$_____ Date_____	L \$_____ Date_____		
Bank Name (Direct Deposits):		Account Type:			
Routing:		Account No:			
Foreign Accounts: <input type="checkbox"/> Y <input type="checkbox"/> N		Virtual Currency: <input type="checkbox"/> Y <input type="checkbox"/> N			
Business Information: <input type="checkbox"/> See Business Profit & Loss Statement Attached <input type="checkbox"/> N/A					
Business Name:		Doing Business As:			
Address/Suite:					
Job Title:		FEIN/BIN:			
Phone:		Fax:			
Email:					
Doing Business in <input type="checkbox"/> Tri-Met <input type="checkbox"/> Portland <input type="checkbox"/> Multnomah Co. <input type="checkbox"/> N/A					

***To be placed in queue provide: Signed Engagement Letter Tax Documents Tax Organizer**