

Lindstrom & Winsborrow

Accountancy Corporation

Client Organizer

TAXPAYER INFO

Name	Social Security Number
Occupation	Date of Birth

SPOUSE INFO

Name	Social Security Number
Occupation	Date of Birth

HOME ADDRESS

CONTACT INFORMATION

Home Phone	Taxpayer Cell
Spouse Cell	E-Mail Address

DEPENDENTS

Full Name	Social Security Number	Relationship	Birth date

CHILD CARE EXPENSES/HOME CARE EXPENSES

Did you Pay Child Care Expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount?	\$
Paid To?	Phone #	EIN#	
Address:		Phone #	

MEDICAL AND DENTAL EXPENSES

Description	Amount
Insurance Premiums	
Medical Payments	
Pharmacy	
Mileage (number of miles)	

ESTIMATED TAX PAYMENTS MADE

FEDERAL	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Amount	\$	\$	\$	\$
STATE	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Amount	\$	\$	\$	\$

DEDUCTIBLE TAXES

Tax	Amount
Property/Real Estate Taxes	
Sales Tax on Major Items (Auto, Boat, etc.)	
Vehicle Registration	

MORTGAGE INTEREST

Paid To	Amount

CHARITABLE CONTRIBUTIONS

Cash Contributions	Amount
Non-Cash Contributions	Value
Automotive Miles Driven for Charity	

OTHER EXPENSES

Description	Amount
Business Miles Driven	
Employee Business Expenses	
Employee Business Expenses	
Uniforms	
Safe Deposit Box	

I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents that I (we) can provide if asked to do so. This information is true, correct and complete to the best of my (our) knowledge.

Taxpayer Signature	Spouse Signature
Date	Date

