



1236 Claremont Avenue  
Ashland, Ohio 44805

419-281-1040

**NEW CLIENT INCOME TAX ORGANIZER**

PERSONAL DATA	TAXPAYER-HUSBAND (T)	SPOUSE-WIFE (S)
NAME:		
ADDRESS*:		
CITY, STATE ZIP:		
COUNTY, SCHOOL DISTRICT:		
OCCUPATION:		
BIRTHDAY (MM/DD/YYYY):		
SOCIAL SECURITY NUMBER:		
HOME PHONE NUMBER:**		
WORK PHONE NUMBER:**		
CELL PHONE NUMBER:**		
EMAIL ADDRESS:**		

\* New Address? Date of change \_\_\_\_\_

\*\* Circle best contact number and indicate best time for contact

**DEPENDENTS: DON'T INCLUDE SELF OR SPOUSE (If dependent is not living with you, enclose divorce agreement or Form 8332)**

NAME	BIRTHDAY (MM/DD/YYYY)	SOCIAL SECURITY	RELATIONSHIP	NUMBER OF MONTHS IN HOME (X if none)	FULL - PT COLLEGE

**IN ADDITION, PLEASE PROVIDE A COPY OF YOUR PRIOR YEAR TAX RETURN.**