ALL SEASON TAX CENTER, INC 430 W Warner Rd, Ste 122 Tempe, AZ 85284

Email: kathy@allseasontax.com (480)968-7202 Website: www.allseasontax.com

| | PERSONAL INCOME | TAX ORG | ANIZER | |
|--------------------------------|---|------------------|-------------------------------|--|
| Bring a printed | copy of the following documents an | d information | | |
| Copy of your pre | vious year's tax return (if you are a new clien | nt) | | |
| ., , . | RANCE DOCUMENT - FORM 1095-A, 109 | • | | |
| | f all W2s , 1099s (self employment, interest, | | Bs (mortgage interest) | |
| | for partnerships, S Corporations, estates, or tr | | (110.13430 1110.1227) | |
| • | arding cost basis for any assets sold (real esta | | | |
| | CLOSURES (Settlement Statements) for the p | • | refinance of real estate | |
| | formation: Social Security Card & 2 Docume | | | |
| 8. Dependent Care | Expenses: Name, Address, Tax ID Number | er of Provider & | Amount Paid | |
| 9. Worksheets and | any supporting documents (completed and p | rinted) | | |
| 10. Bank information | n Name of Bank, Account Number and Routir | ng Number | | |
| FEDERAL ESTIMATED TAX PAYMENTS | | STATE EST | IMATED TAX PAYMENTS | |
| Date | Amount | Date | Amount | |
| Date | Amount | Date | Amount | |
| Date | Amount | Date | Amount | |
| Date | Amount | Date | Amount | |
| | <u>Taxpayer</u> | | <u>Spouse</u> | |
| Name | | | | |
| Address | | | | |
| | | | | |
| Social Security No | | | | |
| Date of Birth | | | | |
| Occupation | | | | |
| Home Telephone | | | | |
| Cellular | | | | |
| Work Phone | | | | |
| Email Address | | | | |
| Drivers License Inf | formation (If new state, or Renewed - ne | ed the new is | sue and expired dates) | |
| States in which yo | ou lived and/or worked | | | |
| Date of Move (if v | ou moved) | | | |