

Phone (626) 304-9811 Cell (626) 429-5448 Fax (626) 304-0811 Web www.PillarsTax.com

INCOME TAX ORGANIZER

Taxpayer Information								
SSN		First Name & MI		Last Name			Birth Date	
Spouse Information								
SSN		First Name & MI		Last Name			Birth Date	
NOTE TO OUR VALUED CLIENTS: Please fill-out or update your e-mail address & cell phone numbers! If there are NO changes to the below information, there is no need to fill out the remaining part of this page.								
Filing Status (Please Check One) 1-Single 2-Married Joint 3-Married Filing Separate 4-Head of Household 5-Widow/er Street Address								
City				Zip Code				
Work Phone (with area code) Home Phone (with					/ith area code)	n area code)		
Email Address					Cell Phone			
Taxpayer	Taxpayer Occupation					Election Fund? Yes No		
Spouse	Occupation				Election Fund? Yes No			
DEPENDENT INFORMATION								
First Name		Last Name		SSN	Dat	e of Birth	Relationship	
IRS REFUND — DIRECT DEPOSIT								
(Please submit a voided check to our office for accuracy)								
This-Year Bank Interest Income \$ Last-Year State Tax Refund \$								
By signing below, I/We hereby certify that ALL information filled out on the four (4) pages of these forms are correct and true. I/We also solemnly declare that all of these information are supported by receipts and other documentation as prescribed by the Internal Revenue Service (IRS).								
Check this box if you DO NOT want to receive other financial service offers from our affiliated companies								
Signature					Date			
Signature						Date		