WILLIAMS & ASSOCIATES TAX SERVICES

2715 Ashton Drive Phone: 910-392-1040 Suite 106 Fax: 910-452-0489

Wilmington, NC 28412 Email: cpas@williamsandassociatestaxservices.com



Personal Tax Organizer

		SS#:	Date of Birth:
		SS#:	Date of Birth:
		Married (Joint) Married (Separate) old Qualifying Widow(er)	
Current Addres	ss:		
Phone & Emai	l:		
		Dependents	
Name:		SS#:	Date of Birth:
Name:		SS#:	Date of Birth:
Name:		SS#:	Date of Birth:
Name:		SS#:	Date of Birth:
The following ite	ms must be received	in our office in order to start y	our tax return preparation:
2)3)4)5)6)7)8)9)10)11)12)13)	Medical Expense Su Donation/Contribut: Amount of property Real Estate Closing Child Care Expense All Insurance Paym 1099 or Business In If claiming business a) Year, M b) Date fir c) Mileage	s Tax Return 199/K-1) ements atements tatement form Bank ammary (prescriptions, doctor on Statements tax paid (real estate & person Statements (indicate date of a plus name, address, & EIN ents, including Health come & Expenses	nal) sales & purchases & price) of provider

Additional information may be required to complete your return. Please respond promptly so your return can be completed in a timely, efficient manner. $\frac{2}{10}$