

Veronica Lindsay, CPB

Professional Bookkeeping & Tax Services

professionalbookkeeperandtax@veronicalindsay.com | veronicalindsay.com

Individual Tax Intake & Organizer Packet

1. Taxpayer Information

First Name: _____

Last Name: _____

Date of Birth: _____

Social Security Number: _____

Phone Number: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

2. Spouse Information (If Filing Jointly)

Spouse First Name: _____

Spouse Last Name: _____

Spouse Date of Birth: _____

Spouse SSN: _____

3. Dependents

Name	DOB	SSN	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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4. Income Checklist

- W-2 Employment Income
- 1099-NEC Contractor Income
- 1099-MISC Income
- Interest (1099-INT)
- Dividends (1099-DIV)
- Social Security Income
- Retirement or Pension Income
- Unemployment Income
- Rental Income
- Business Income (Schedule C)
- Other Income: _____

4. Deductions & Credits

- Medical Expenses
- Education Expenses / Tuition
- Childcare / Daycare Expenses
- Charitable Donations (Cash / Non-Cash)
- Mortgage Interest (Form 1098)
- Property Taxes
- Student Loan Interest
- Retirement Contributions (IRA, etc.)
- Health Savings Account (HSA)
- Other Deductions: _____

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5. Business Income & Expenses (Schedule C)

Business Name:

Business Address:

EIN (if any):

Business Start Date:

Describe Business Activity:

Approximate Gross Income:

\$ _____

Major Expense Categories:

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Notes:

6. Document Checklist

- Photo ID (Taxpayer & Spouse)
- Social Security Cards / ITIN Letters
- Prior Year Tax Return
- W-2 Forms
- 1099 Forms (NEC, MISC, INT, DIV, SSA, etc.)
- Bank & Investment Year-End Statements
- Mortgage Interest (Form 1098)
- Tuition (Form 1098-T)
- Childcare Provider Statement
- Health Insurance Forms (1095-A/B/C)
- Business Income & Expense Records
- Receipts for Charitable Contributions
- Property Tax Statements

7. Acknowledgment & Signature

I certify that the information provided in this organizer is true, correct, and complete to the best of my knowledge. I understand that the accuracy of my tax return depends on the information I provide. I acknowledge that Professional Bookkeeping & Tax Services will prepare my return based on this information.

Client Signature: _____ Date: _____