

SUPERIOR TAX

INFORMATION ORGANIZER

PERSONAL INFORMATION

Name _____ DOB: _____ SS#: _____

Income

- Payments not shown on W2 or 1099 _____
- Gains & losses from sale or property _____
- Bonus _____
- Rental Income _____
- Interest Income _____
- Dividends _____
- Alimony received _____
- Cancelled Debt _____
- Social Security Payment _____
- State Income Tax Refund (Prior Year) _____
- Stock and Bond Transactions _____

Expenses: General

- Health Insurance _____
- Taxes (non federal) _____
- Real Estate interest/taxes _____
- Donations - cash or property _____
- Foreign Student Hosted _____
- Theft or destruction of property _____
- Car expenses/mileage _____
- Educational Expenses _____
- Entertainment _____
- Business Gifts _____
- Other Personal Expenses _____
- Bad debt _____

Un-reimbursed Business Expenses

- | | |
|------------------------------|---------------------------|
| Work shoes/boots | Work related computer |
| Uniforms/work clothes | Computer repairs |
| Uniform cleaning | Other job related repairs |
| Equipment - medical | Equipment - others |
| Services provided by others: | |
| _____ | |
| _____ | |
| _____ | |

ATTENTION

1. This tax returns was prepared based totally on the information I furnished Superior Tax. The preparer has no knowledge of the accuracy of such information.
2. I have examined the tax return and acknowledge that the information contained therein is correct. I further acknowledge that if the tax return is not approved for Bank Product, I will immediately, pay Superior Tax for the services rendered. If I fail to make the payments on time, I will be liable for collection and other related cost and charges.
3. I have agreed that in case I change my mind on completing this return with Superior Tax, I will pay for the services rendered.

Signature of Taxpayer _____ Date _____ Signature of Taxpayer _____ Date _____

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PERSONAL INFORMATION

Name _____ DOB: _____ SS#: _____

Address _____

Home Phone: _____

Occupation: _____

Work Phone: _____

SPOUSE

Name _____ DOB: _____ SS#: _____

Occupation: _____

Work Phone: _____

PERSONAL IDENTIFICATION

1. State: _____ ID No. _____ Issued Date _____ Exp. Date _____

2. State: _____ ID No. _____ Issued Date _____ Exp. Date _____

DEPENDENTS

1. Name: _____ 2. Name _____

SSN: _____ DOB: _____ SSN: _____ DOB: _____

3. Name: _____ 4. Name _____

SSN: _____ DOB: _____ SSN: _____ DOB: _____

OTHER

Name: _____

Relationship: _____

Address: _____

Phone Number: _____

BABY SISTER

Name: _____

Social Security # (EIN) _____

Expenses Amount: \$ _____

Address _____
