

ATS - CLIENT ORGANIZER CHECKLIST

TAXPAYER NAME _____
TAXPAYER SSN _____
TAXPAYER DOB _____
SPOUSE NAME, if applicable _____
SPOUSE SSN _____
SPOUSE DOB _____
TAXPAYER STREET ADDRESS _____
TAXPAYER CITY, STATE, ZIP _____
TAXPAYER PHONE NUMBER _____
TAXPAYER EMAIL ADDRESS _____

DEPENDENT 1 NAME _____
DEPENDENT 1 SSN _____
DEPENDENT 1 DOB _____
DEPENDENT 1 RELATIONSHIP _____
DEPENDENT 1 MONTHS LIVED WITH YOU LAST YEAR _____
DEPENDENT 2 NAME _____
DEPENDENT 2 SSN _____
DEPENDENT 2 DOB _____
DEPENDENT 2 RELATIONSHIP _____
DEPENDENT 2 MONTHS LIVED WITH YOU LAST YEAR _____
DEPENDENT 3 NAME _____
DEPENDENT 3 SSN _____
DEPENDENT 3 DOB _____
DEPENDENT 3 RELATIONSHIP _____
DEPENDENT 3 MONTHS LIVED WITH YOU LAST YEAR _____
DEPENDENT 4, attach additional sheet(s) _____

**If yes, list the
number of forms or
check -**

Did you have any of the following for the last Tax Year?

INCOME

Wages, tips or other compensation? (W2s) _____
Interest income? (1099INT) _____
Dividend income? (1099DIV) _____
Self employment income? (1099MISC or other income) _____
Rental income? _____
Income from S corp., LLC, Partnerships, Estates or Trust? (K1) _____
Social security income? (1099SSA) _____
Withdrawal or Rollover from pension/IRA? (1099R) _____
Unemployment compensation? (1099G) _____

Itemized deductions last year and received a state refund? (1099G) _____
Alimony received or paid? _____
Farm operations? _____
Gambling winnings/losses? (W2G or Lottery Winnings) _____
Miscellaneous income (prizes, awards, jury duty, etc.) _____
Sale of real estate or personal home? (1099S) _____

