

2018	1040	US	Tax Organizer
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Bachleda & Rodriguez Companies

6800 Park Ten Blvd., Suite 217-N

San Antonio TX 78213-4215

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E-mail address: info@debrabachledacpa.com

Tax Return Appointment**Date:****Time:****Staff:**

(Deposit / DLs / E-sigs)

*** Note: Everyone must fill these out.**

This tax organizer will assist you in gathering information necessary for the preparation of your 2018 tax return. Please enter all pertinent 2018 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

CLIENT INFORMATION**Taxpayer****Spouse**

First name and initial		
Last name.		
Title/suffix.		
Social security number...		
Occupation.		
Date of birth (m/d/y)		
Date of death (m/d/y)		
1=blind.		
Home phone.		
Work phone.		
Work extension.		
Cell phone.		
E-mail address.		

Address

Primary / In care of:

Street address.

Apartment number.

City.

State.

ZIP code.

DEPENDENTS**Dependent No.****Dependent No.**

First name.		
Last name.		
Title/suffix.		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Date of adoption (m/d/y) .		
Social security number...		
Relationship.		
Months lived at home		

Dependent No.**Dependent No.**

First name.		
Last name.		
Title/suffix.		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Date of adoption (m/d/y) .		
Social security number...		
Relationship.		
Months lived at home		

Signature/Date: