

**World Wide Tax Services  
Client Information Organzier**

1. Personal Information							
Name		Social Security	Date of Birth	Occupation	Cell Phone	Blind	Disabled
Taxpayer							
Spouse							
Street Address		City	State	Zip	Home Phone	Alt. Phone	
<b>Marital Status</b> Married Filing Joint Married Filing Separate Single Head of Household Widower, Spouses Date of Death _____							
<i>Circle One</i>							

2. Dependent Information								
Full Name	Relationship	Date of Birth	Social Security Number	Months lived with you	Disabled	Full Time Student	Tuition Expenses	Dependents Gross Income

3. Child and Dependent Care Expenses			
Name of Care Provider	Address	Social Sec. or EIN	Amount Paid

Do you receive dependent card benefits from your employer? Yes or No *if yes, amount will be reported on W2*

4. Please answer the following questions for 2013 - Please provide documentation for any questions answered "Yes"				
Did you pay expenses for yourself, your spouse, or your dependent to attend courses beyond highschool?	Yes or No	Did you purchase a new alternative vehicle?	Yes or No	
Did you pay any student loan interest for yourself, your spouse or dependent?	Yes or No	Did you install any energy efficiency improvements to your residence?	Yes or No	In prev yrs did you claim credit over \$500 Y or N
Did you pay alimony to a former spouse? Please provide the recipient social security and the amount paid?	Yes or No	Did you give a gift of more than \$14,000 to one or more people ?	Yes or No	
Did you contribute to a Health Savings Account or Archer Medical Savings Account ?	Yes or No	Did you have any bankruptcy proceedings	Yes or No	

5. Michigan Renters Credit	
Did you pay rent in Michigan in 2013?	Yes or No
<b>if no, skip this section</b>	
Monthly amount paid per month? _____	Is the rented residence your current address? <span style="margin-left: 50px;">Yes or No</span>
<b>Landlord Information</b>	
Name: _____	
Address: _____ State: _____ Zip: _____	
Number of months resided at rental in 2013? _____ <i>If less than 12 months please provide additional rented residence(s)</i>	

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6. Income		
Did you have any wages or contract income?	<b>Yes or No</b>	If yes, please provide copies of W2 or 1099-Misc
Did you have any debts cancelled, forgiven or refinanced?	<b>Yes or No</b>	If yes, please provide copies of 1099-C
Did you receive rental income from real estate or other property owned?	<b>Yes or No</b>	If yes, please provide a report of your income and expenses
Did you receive any distribution from retirement income?	<b>Yes or No</b>	If yes, please provide copies of 1099-R and/or 5498
Did you receive interest and dividends	<b>Yes or No</b>	If yes, please provide copies of 1099-INT and 1099-DIV
Did you sell any investments (stock, bonds, partnership interest) in 2013?	<b>Yes or No</b>	If yes, please provide copies of 1099-B and confirmation stmts
Did you receive any compensation from a merchant services? (Ebay, Paypal, Etc.)	<b>Yes or No</b>	If yes, please provide copies of 1099-K
Did you receive any income from a partnership, trust or estate?	<b>Yes or No</b>	If yes, please provide copies of Schedule K-1

7. Other Income		8. Itemized Deductions	
List All Other Income (including non-taxable) <b>Please provide documentation of all other income amounts</b>		Are you itemizing your deductions? <input type="checkbox"/> <b>Yes or No</b>	
		<b>If no, skip this section</b>	
		<b>Please provide documentation of all deductions</b>	
Alimony Received	<b>Yes or No</b>	Medical and Dental Expenses	<b>Yes or No</b>
Child Support	<b>Yes or No</b>	Real Estate Taxes Paid	<b>Yes or No</b>
Scholarship (Grants)	<b>Yes or No</b>	Personal Property Taxes	<b>Yes or No</b>
Unemployment Compensation	<b>Yes or No</b>	Other Taxes Paid (sales tax)	<b>Yes or No</b>
Prizes, Bonuses, Awards	<b>Yes or No</b>	Mortgage Interest	<b>Yes or No</b>
Gambling, Lottery	<b>Yes or No</b>	Investment Interest	<b>Yes or No</b>
Unreported Tips	<b>Yes or No</b>	Prem. For Qualified Mortgage Ins.	<b>Yes or No</b>
Director/Executor Fees	<b>Yes or No</b>	Points Paid	<b>Yes or No</b>
Commissions	<b>Yes or No</b>	Casualty Theft Losses	<b>Yes or No</b>
Jury Duty	<b>Yes or No</b>	Charitable Contributions	<b>Yes or No</b>
Workers Compensation	<b>Yes or No</b>	Non-Cash Contributions	<b>Yes or No</b>
Disability Income	<b>Yes or No</b>	Charitable Miles	<b>Yes or No</b>
Veterans Pensions	<b>Yes or No</b>	Employment Expenses You Paid	<b>Yes or No</b>
Payments from prior installment plans	<b>Yes or No</b>	Investment Related Expenses	<b>Yes or No</b>
State Tax Income Refund	<b>Yes or No</b>	Other _____	
Other _____		Other _____	
Other _____		Other _____	

9. Self Employed Business	
Do you own your own business?	<input type="checkbox"/> <b>Yes or No</b>
<b>if no, skip this section</b>	
What is the name of the business?	_____
What is the EIN for the business?	_____
Entity Type	Sole Prop    Single LLC    Partnership    S-Corp <b>circle one</b>
What is the product or service your business provides?	_____
How many years have you been in business?	_____
<i>Please provide detail of the business income and expenses, a profit and loss statement is acceptable. If you require assistance with compiling the profit and loss statement, additional accounting services will apply.</i>	

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**10. Estimated Tax Payments**

Did you make any estimated tax payments in 2013?  
*if no, skip this section*

Due Date	Date Paid	Federal Amount	State Amount

**11. Direct Deposit of Refund (if applicable)**

If your return qualifies for a refund, do you want the refund directly deposited into your account?

*The IRS allows you to deposit your federal tax refund into up to three different accounts. Please provide the following information:*

**Account 1**

Name of Financial Institution \_\_\_\_\_

Type of Account: checking or savings *(circle one)*

Financial Institution Route Number \_\_\_\_\_

Taxpayer Account Number \_\_\_\_\_

**Account 2**

Name of Financial Institution \_\_\_\_\_

Type of Account: checking or savings *(circle one)*

Financial Institution Route Number \_\_\_\_\_

Taxpayer Account Number \_\_\_\_\_

**Account 3**

Name of Financial Institution \_\_\_\_\_

Type of Account: checking or savings *(circle one)*

Financial Institution Route Number \_\_\_\_\_

Taxpayer Account Number \_\_\_\_\_

**12. Tax Preparation Payment Options**

If you have chosen to have your refund direct deposited into your account, you have the option to have the tax preparation fees deducted from your refund for a nomial fee (see payment options information below).

Would you like to have the tax preparation fees deducted from your refund?

*additional fees will apply*

Please provide the following information for processing the deduction:

**\*\* If filing jointly both taxpayer and spouse info required**

**Taxpayer**

Drivers License ID # \_\_\_\_\_

State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Spouse**

Drivers License ID # \_\_\_\_\_

State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Payment Option Information**

The bank product allows your refund to be processed in 7-10 business days. Refund options are checks processed in office, direct deposit, or Visa debit card. The charge for these services are \$20 for check, \$10 Direct Deposit, \$5 Debit Card

**Contact our office if you have any questions or concerns**

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