

FINANCIAL ORGANIZER



TAX HARDSHIP CENTER

Please print all information neatly and to the best of your ability. The information provided will assist Tax Hardship Center with understanding the situation at hand.

Tax Hardship Center is secured and protected from the public; the information provided is handled with utmost confidentiality. No disclosure of your personal or business information will be shared with third party organizations.

1. Personal Information

Primary First Name: _____ Primary Last Name: _____

Social Security: _____ - _____ - _____ Date of Birth: ____ / ____ / ____

Spouse's First Name: _____ Spouse's Last Name: _____

Social Security: _____ - _____ - _____ Date of Birth: ____ / ____ / ____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Home Phone: _____ Cell Phone: _____

Filing Status: ☐ Single ☐ Married Filing Jointly ☐ Married Filing Separately
☐ Head of Household ☐ Qualifying Widower

DEPENDENTS:

FULL NAME	AGE	RELATIONSHIP	SOCIAL SECURITY	DATE OF BIRTH
			- -	/ /
			- -	/ /
			- -	/ /
			- -	/ /

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2. Employment

I. Taxpayer

Are you currently employed? ☐ Yes ☐ No

Name of Employer: _____

Complete Address: _____

Work Phone: _____ Length of Employment: _____

Occupation/Position: _____ Exemptions claimed on W-4: _____

Pay Frequency: Weekly / bi-weekly / semi-monthly / monthly, other: _____

II. Spouse

Are you currently employed? ☐ Yes ☐ No

Name of Employer: _____

Complete Address: _____

Work Phone: _____ Length of Employment: _____

Occupation/Position: _____ Exemptions claimed on W-4: _____

Pay Frequency: Weekly / bi-weekly / semi-monthly / monthly, other: _____

3. Assets

Do you have a bank account? ☐ Yes ☐ No

a. Bank Name: _____ Type (Checking, Savings/Other): _____

Complete Address: _____

Account Number: _____ Routing Number: _____

Current Balance: _____

b. Bank Name: _____ Type (Checking, Savings/Other): _____

Complete Address: _____

Account Number: _____ Routing Number: _____

Current Balance: _____

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c. Bank Name: _____ Type (Checking, Savings/Other): _____

Complete Address: _____

Account Number: _____ Routing Number: _____

Current Balance: _____

Do you have investment accounts? [] Yes [] No

a. Institution Name: _____

Complete Address: _____

Type (IRA, 401k, Stocks, other): _____

Value: _____ Loan Balance: _____

Equity: _____

b. Institution Name: _____

Complete Address: _____

Type (IRA, 401k, Stocks, other): _____

Value: _____ Loan Balance: _____

Equity: _____

Do you have credit cards? [] Yes [] No

a. Type of Card (Visa, MasterCard, etc.): _____ Amount Owed: _____

Credit Limit: _____ Monthly Payment: _____

b. Type of Card (Visa, MasterCard, etc.): _____ Amount Owed: _____

Credit Limit: _____ Monthly Payment: _____

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Do you have life insurance with cash value? ☐ Yes ☐ No (Term life has no cash value)

a. Company: _____ Face Amount: _____
Policy #: _____ Cash/Loan Value: _____
Person Insured: _____ Type (Whole/Term): _____

4. Real Property

Do you own real property?

Type (house, office, land, rental, etc.): _____

Ownership (single, joint, etc.): _____

Date Purchased: _____ County: _____

Physical Address: _____

Fair Market Value: _____ Balance of Mortgage: _____

Monthly Payment: _____ Date of final payment: _____

2nd Property

Type (house, office, land, rental, etc.): _____

Ownership (single, joint, etc.): _____

Date Purchased: _____ County: _____

Physical Address: _____

Fair Market Value: _____ Balance of Mortgage: _____

Monthly Payment: _____ Date of final payment: _____

5. Vehicles

a. Year: _____ Mileage: _____ Monthly Payment: _____

Make: _____ Fair Market Value: _____ Date Purchased: _____

Model: _____ Amount Owed: _____ Date of final payment: _____

b. Year: _____ Mileage: _____ Monthly Payment: _____

Make: _____ Fair Market Value: _____ Date Purchased: _____

Model: _____ Amount Owed: _____ Date of final payment: _____

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6. Monthly Income

Taxpayer

How much are your gross MONTHLY wage before taxes/deductions? \$ _____

How much is deducted for taxes (Federal, State, FICA, etc.)? \$ _____

How much to miscellaneous deductions amount to? \$ _____

Spouse

How much are your gross MONTHLY wage before taxes/deductions? \$ _____

How much is deducted for taxes (Federal, State, FICA, etc.)? \$ _____

How much to miscellaneous deductions amount to? \$ _____

What Type of Income are you receiving? (check the box)

Unemployment Income ☐ Disability Income ☐ Rental Income ☐

Pension Income ☐ Spouse's Pension Income ☐ Social Security Income ☐

Child Support Income ☐ Alimony Income ☐ Other ☐

7. Monthly Living Expenses

Do you pay rent? Yes ☐ No ☐ \$ _____

Do you pay mortgage? Yes ☐ No ☐ \$ _____

Utilities:

Electric: \$ _____ Trash: \$ _____

Gas: \$ _____ Phone: \$ _____

Water: \$ _____ Cell Phone: \$ _____

Cable / Internet: \$ _____

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Insurance:

Auto:\$ _____ Life:\$ _____

Renters:\$ _____ Health:\$ _____

Homeowners:\$ _____ Other:\$ _____

Please attach the following along with the signed copy of the Financial Organizer:

Wage Earners:

- Prior year tax return
- 2 most recent pay stubs
- Bank Statements (3 months)

Independent Contractor / Sole Proprietorship

- Profit & Loss (most recent or Year to Date)
- Copy of prior year tax return
- Business information (Name, EIN, Assets, Bank Statements, etc

PRIVACY POLICY

TAX PRACTITIONERS, LIKE ALL PROVIDERS OF FINANCIAL SERVICES, ARE REQUIRED BY LAW TO INFORM THEIR CLIENTS OF THE POLICIES THAT ARE IN PLACE REGARDING CLIENT INFORMATION. TAX PRACTITIONERS HAVE BEEN AND CONTINUE TO BE BOUND BY PROFESSIONAL STANDARDS OF CONFIDENTIALITY. THEREFORE, THE STANDARD IS HELD HIGHER FOR TAX PRACTITIONERS; TAX HARDSHIP CENTER WILL PROTECT YOUR RIGHT TO PRIVACY.

WE COLLECT PERSONAL INFORMATION THAT IS NONPUBLIC; THIS INFORMATION IS OBTAINED BY YOU OR BY US WITH YOUR AUTHORIZATION.

TAX HARDSHIP CENTER OBTAINS THE INFORMATION IN THE FINANCIAL ORGANIZER SO THAT WE CAN BETTER ASSIST YOUR PROFESSIONAL NEEDS, AND IN MOST CASES, TO HELP COMPLY WITH PROFESSIONAL GUIDELINES.

IN ORDER TO GUARD YOUR NONPULBIC PERSONAL INFORMATION, WE MAINTAIN PHYSICAL, ELECTRONIC, AND HAVE PROCEDURAL SAFEGUARDS THAT COMPLY WITH OUR PROFESSIONAL STANDARDS.

PLEASE REVIEW THE FINANCIAL ORGANIZER AND ENSURE THAT EVERY QUESTION THAT APPLIES TO YOUR FINANCIAL SITUATION HAS BEEN FILLED IN.

PLEASE SIGN AND RETURN THIS COMPLETED FINANCIAL ORGANIZER

TAXPAYER SIGNATURE: _____

DATE: _____

SPOUSE SIGNATURE: _____

DATE: _____