

2002	1040	US	Client Information	1
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Tax Care

1310-D Monument Blvd
 Concord, CA 94520
 (925) 688-1400

Tax Return Appointment

Date:
 Time:

This tax organizer will assist you in gathering information necessary for the preparation of your 2002 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION (1)

Filing Status	Filing status (table)		<p>Filing Status</p> <p>1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)</p> <p>Daytime Phone</p> <p>1 = Work 2 = Home</p>
	1=married filing separate and lived with spouse		
	Year spouse died, if qualifying widow(er) (2000 or 2001)		
Taxpayer	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			
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			
Address	In care of		
	Street address		
	Apartment number		
	City		
	State		
Foreign Address	Region		
	Postal code		
	Country		
Taxpayer Contact Information	Home phone		
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Pager number		
	Fax number		
E-mail address			
Spouse Contact Information	Home phone		
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Pager number		
	Fax number		
E-mail address			

2002	1040	US	Client Information (continued) & Dependents	1, 2
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Please add, change or delete information for 2002.

CLIENT INFORMATION (1)

Misc.	Preparer number		
	Designee number, if different		
	Staff preparer number		
	State return		

DEPENDENTS (2)

	Dependent	Dependent	Type of Dependent 1 = Child at home (default) 2 = Child not at home 3 = Dependent other than child 4 = Head of household only, not a dependent 5 = Earned income credit only, not a dependent
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			

	Dependent	Dependent	Earned Income Credit 1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled age 19 or older 4 = Force 5 = Suppress
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		