**PERSONAL INFORMATION ORGANIZER**Please complete this Organizer before your appointment.



# ACCOUNTING & INSURANCE

1. PERSONAL INFOR	RMATION															
Name	Name			SSN or ITIN Date			of Birth Date of Death			Occupation				Blind Disabled		
Taxpayer																
Spouse																
Street Address		Apt. City or town				State				Zip Code Co			Cour	ity	_	
Foreign country F			Foreign province/state				F				Foreign postal code					
													_			
E-mail Address(es)				Hom	Home Phone				Mobile Phone							
Spouse's E-mail Address(es)				Spou	Spouse's Mobile Phone											
2. FILING STATUS																
												_				
Single	☐ Check	if parer	nt (or som	neone els	se) car	claim	you as	a dep	end	ent o	n the	ir retur	n.			
Married Filing Joint																
Married Filing Separate Check if you lived apart from your spouse for all of 2023.																
Head of Household																
Qualifying Widow(er)	Year spous	se died	:													
2 DEDENDENTS																
3. DEPENDENTS																
Name	Relationship	Date	of Rirth	SSNIO	· ITINI <sup>1</sup>	Month	s Lived	Dieah	oled	Full T	imal	Denor	dent's		,Pil4,	Care
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4. REFUND INFORMA	ATION															
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Bank Account						Bank A	Accoun	t								
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Type						Bank n	ame		_	7 0.1	COMI	.э Ш	Javill	ys		
Routing number						Routing number										
Account number						Account number										
Account outside the jurisdiction of the United States?																
5. IDENTIFICATION I	NFORMATION															
Taxpayer					;	Spous	е									
Type of ID:	Driver's license	∍ ∏s	tate-issu	ed ID		- Type of			Г	7 Dri	ver's	license	∍ □:	State	-issı	ued ID
) <sub>1</sub> [	No ID					,,,,,			F	] No						
ID number					ID number				0	-						
Location of issuance					Location of issuance											
Issue date						Issue date										
Expiration date						Expiration date										
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Diago indicate where vo	ou received your b	ealth in	neurance	from for	all me	mhore	of vour	tay h	OHE	hold						

Please indicate where yo	ou received your nealth insurance from for a	all members of your tax household.
Employer	Government-Sponsored Marketplace	Private Exchange (Individual Insurance Company)



415 N STATE ST. #201 HURRICANE, UT 84737

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hallagency.matt@outlook.com

## 2024 Tax Prep Rates

### **Personal Tax Preparation**

IRS & State Tax Return				
80.00	1-2, income sources (no dependents)			
100.00	1-6, income sources (with dependents)			
25.00	Each Additional Income Source (more than 6)			
25.00	Each additional state tax return			
No Charge	Dependent tax returns (teens on your return)			
200.00	Schedule C (small business)			
200.00	Rental Income			
600.00	Profit & Loss from bank transaction download			

- Examples of an income source: W2s, Social Security, Retirement, Dividends, interest income, 1099s etc.
- We need your tax info by June 1st, for these rates.

## <u>S-Corp - Partnership – Non Profit - Business Tax Return</u>

1200.00 Profit & Loss

- Client Supplies Bank Download of transactions

- Save money and provide your own P&L

500.00 IRS & State Business Tax Return

- -We can file & send out your 1099s or W2s for 25.00 each
- Client provides all info
- \*Our software will not allow taxes to be filed until our invoice is paid. This will not make us responsible for late filing.
- \*Our fees cannot be deducted from your refund.
- \*We accept Cash, Check, VENMO, or credit cards.