



# 2023 Tax Organizer

New Clients  
please bring the  
last tax return

BRIAN L BRENNER CPA, 662-349-5999 fax 901-297-4125  
7193 Swinnea Rd, Suite C, Southaven Ms 38671

**Help us to prepare an accurate return for you: Please REVIEW & COMPLETE this organizer.**

Taxpayer Name \_\_\_\_\_ Spouse Name \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_

**DRIVERS LICENSE OR STATE ID INFO: if new or renewed in the year**

TAXPAYER State \_\_\_\_\_ ID# \_\_\_\_\_ SPOUSE State \_\_\_\_\_ ID# \_\_\_\_\_  
Issue Date \_\_\_\_\_ Issue Date \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Complete this section **ONLY** if the info has CHANGED since last year/or if you are a **NEW CLIENT**

Taxpayer SS# \_\_\_\_\_ Spouse SS# \_\_\_\_\_  
Taxpayer Birth Date \_\_\_\_\_ Spouse Birth Date \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## DEPENDENT INFORMATION FOR RETURNING CLIENTS: JUST FILL OUT ANY CHANGES

FIRST AND LAST NAME	SS#	BIRTH DATE	RELATIONSHIP TO YOU
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## DIRECT DEPOSIT OF REFUNDS

Would you like any refunds to direct deposit to your bank account?

Yes No If yes, please provide your Bank info below.

NAME OF BANK \_\_\_\_\_

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

## ESTIMATED TAXES PAID FOR 2023 TAXES

	AMOUNT		
DUE DATE	DATE PAID	FEDERAL	STATE
Apr. 18, 2023	_____	_____	_____
June 15, 2023	_____	_____	_____
Sept. 15, 2023	_____	_____	_____
Jan. 15, 2024	_____	_____	_____

DO YOU WANT A PAPER COPY OF YOUR TAX RETURN? YES NO