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2017 PERSONAL TAX ORGANIZER

(DO NOT USE CENTS ONLY DOLLARS)

YOUR NAME:

SPOUSE'S NAME:

ADDRESS:

CITY, STATE, ZIP:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

HOME PHONE:

WORK PHONE:

CELL PHONE:

FAX NUMBER:

E MAIL ADDRESS:

SPOUSE DATE OF BIRTH:

SPOUSE SOCIAL SECURITY NUMBER:

SPOUSE WORK PHONE:

SPOUSE CELL PHONE:

SPOUSE E MAIL ADDRESS

OCCUPATION:

ARIZONA RESIDENT IN 2017 FOR _____ MONTHS

SPOUSE OCCUPATION:

SINGLE _____ MARRIED _____

DATE _____

EMAIL DATE _____

EMAIL DATE _____

EMAIL DATE _____

EMAIL DATE _____

EMAIL DATE _____

CHILDREN AND DEPENDENTS: (WRITE SAME IF SAME AS LAST YEAR)

COMPLETE NAME (FIRST AND LAST)	SOCIAL SECURITY NUMBER	CHILD'S RELATION TO YOU	DATE OF BIRTH	CHILD'S INCOME IN 2017	# MONTHS LIVED WITH YOU IN 2017	# MONTHS CHILD WAS A STUDENT IN 2017
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

LIST PARENTS OR ANCESTORS THAT HAVE LIVED IN YOUR HOUSE THE ENTIRE YEAR THAT ARE AT LEAST AGE 65

ESTIMATED TAX PAYMENTS AND EXTENSION PAYMENTS:

FEDERAL:	AMOUNT OF 2016 REFUND APPLIED TO 2017 ESTIMATED TAX PAYMENT				_____			
DATE PAID	_____	AMOUNT	_____	DATE PAID	_____	AMOUNT	_____	
DATE PAID	_____	AMOUNT	_____	DATE PAID	_____	AMOUNT	_____	
STATE:	AMOUNT OF 2016 REFUND APPLIED TO 2017 ESTIMATED TAX PAYMENT				_____			
DATE PAID	_____	AMOUNT	_____	DATE PAID	_____	AMOUNT	_____	
DATE PAID	_____	AMOUNT	_____	DATE PAID	_____	AMOUNT	_____	
AMOUNT PAID WITH FEDERAL EXTENSION				_____	AMOUNT PAID WITH STATE EXTENSION			_____