## 11835 Canon Blvd. Suite B-101, NEWPORT NEWS, VA 23606, Office (757) 240 4301 Fax (757)223-1491 RLSPROSERV.COM - RLSPROSERV@GMAIL.COM

## RLS PROFESSSIONAL SERVICES, LLC

Please complete this Organizer before your appointment.

| 1. Personal Information               |               |       |                   |  |                             |          |                      |                                |                  |  |  |  |
|---------------------------------------|---------------|-------|-------------------|--|-----------------------------|----------|----------------------|--------------------------------|------------------|--|--|--|
| Name                                  |               |       | Soc. Sec. No.     |  | Date of Birth (             |          | on                   | Home Phone                     | 9                |  |  |  |
| Taxpayer                              |               |       |                   |  |                             | - 1      |                      |                                |                  |  |  |  |
| Spouse                                |               |       |                   |  |                             |          |                      |                                |                  |  |  |  |
| StreetAddress                         |               |       | City              |  | State                       | ZIP      | Cel                  | Il Phone                       |                  |  |  |  |
| Email Address                         |               |       |                   |  |                             |          | l                    |                                |                  |  |  |  |
| Do you have a Identity Protection PII | N for the IRS |       |                   |  |                             |          |                      |                                |                  |  |  |  |
| Blind                                 |               |       |                   |  |                             |          |                      |                                |                  |  |  |  |
| Name<br>(First,<br>Last)              | Relationship  | D.O.B | Social Security # |  | Months<br>Lived with<br>You | Disabled | Full Time<br>Student | Dependent's<br>Gross<br>Income | ID<br>Pro<br>Pli |  |  |  |
|                                       |               |       |                   |  |                             |          |                      |                                |                  |  |  |  |
|                                       |               |       |                   |  |                             |          |                      |                                |                  |  |  |  |
|                                       |               |       |                   |  |                             |          |                      |                                |                  |  |  |  |
|                                       |               |       |                   |  |                             |          |                      |                                |                  |  |  |  |
|                                       |               |       |                   |  |                             |          |                      |                                |                  |  |  |  |

## Please attach the following:

- Last year's tax return (new clients only)
- Name and address label (from government booklet or card)
- All statements (W-2s, 1098s, 1099s, etc.)
- Picture of Current driver's licenses or government ID
- Medical/Dental Expenses
- Charitable Contributions
- Taxes Paid (Real and/or Personal Property Tax

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| 3. Direct Deposit of Refund / or Savings Bo  | nd Purcha      | ses  |               |                             |             |
|--|----------------|--|---------------|-----------------------------|-------------|
| Would you like to have your refund(s) directly deposited (The IRS will allow you to deposit your federal tax refund different accounts. If so, please provide the following info               | into up to two |  |               |                             | Yes, No     |
| ACCOUNT1   |                |  |               |                             |             |
| Owner of account   |                |  | Тахр          | ayer Spoo                   | use Joint   |
| Type of account MyRA Checking IRA Archer MS  | A Savings      | Traditional Savings<br>Coverdell Education | Savings       | Traditional IRA HSA Savings | Roth SEPIRA |
| Name of financial institution  |                |  |               |                             |             |
| Financial Institution Routing Transit Number   |                |  |               |                             |             |
| Re-enter Routing Transit Number  |                | -  | _             |                             |             |
| Your Bank AccountNumber  |                |  | -             |                             |             |
| Re-enter Bank Account number:  |                |  |               |                             |             |
|  |                |  |               |                             |             |
| As of 2017Some Refunds Delayed:  |                |  |               |                             |             |
| "Beginning in 2017, a new law approved by Congrethe ACTC until mid-February. The IRS must hold a ACTC — until at least Feb. 15. This change helps more time to help detect and prevent fraud." | he entire re   | efund — even the p                         | ortion not as | ssociated with th           | e EITC and  |
| "This is an important change as some of these tax<br>Koskinen. "We want people to be aware of the change anyone caught by surprise if they get their refund                                    | ange for the   | eir planning purpos                        | es during the |                             |             |
| To the best of my knowledge the information income, deductions, and other information n which I have adequate records.   |                |  |               |                             |             |
| Taxpayer D   | ate            | Spouse                                     |               |                             | Date        |