

TAX ORGANIZER

Basic Taxpayer Information

	First Name	Initial	Last Name	Suffix	Social Security No.
Taxpayer					
Spouse					

	Occupation	Date of Birth	Check if			
			Disabled	Blind	Dependent of Another	Presidential Election Contrib.
Taxpayer						
Spouse						

	Phone Res:
Street & Apt/Suite	
City, State & Zip	
Foreign country	
Foreign province	
Foreign postal code	
School District	
	Phone Work:
	Cell Phone:
	E-mail:

	State Issue ID Number	Driver's License Number	Issuing State	Issue Date	Expiration Date
Taxpayer					
Spouse					

Filing Status 1 - Single; 2 - Married filing joint; 3 - Married filing separate; 4 - Head of Household; 5 - Qualifying Widower

Dependent Information

	First Name	Last Name	Social Sec. No.	Relationship	Months in home	Date of Birth	Disabled or full time student
1							
2							
3							
4							
5							
6							

Wages and Salaries

	Employer Name	Wages	Federal Tax Withheld	FICA Withheld	Medicare Withheld	State Tax Withheld	Local Tax Withheld
1							
2							
3							
4							
5							
6							

Pensions and IRAs

	Payer's Name	Gross Distribution	Taxable Distribution	Federal Tax Withheld	IRA
1					
2					
3					
4					

Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign _____ Date _____
 here _____ Date _____

Tax Organizer

Filer

Spouse

Drivers' License ID Number

Issue Date

Expiration Date

Bank Account:

Name on Account:

Name of Bank

Routing Number

Account Number

Do you want a Paper copy or Digital copy of your Tax Return?

Paper

Digital

Both