Tax Organizer
Personal Information

Legal Name of:	Primary Contact	SSN	Has an IP PIN	Date of Birth
Taxpayer	☐		☐	
Spouse	☐		☐	

If Taxpayer has a Personal Representative, please give Name, Phone, Email & Address:

Street Address, City, State, and ZIP

Occupation	Cell Phone	Daytime Phone	Other Phone
Taxpayer			
Spouse			

Taxpayer Email	Portal Email?	☐	Choose only 1 for
Spouse Email	Portal Email?	☐	Portal Email

Filing status at the end of the Year:

☐ Single ☐ Married ☐ Widowed - If widowed, enter the date of death:

Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of the year?

Yes	No	
☐	☐	Are you or your spouse blind?
☐	☐	Are you or your spouse disabled?
☐	☐	Are you or your spouse a full-time student?
☐	☐	Do you or your spouse want to designate $3 to go to the Presidential Election Campaign Fund?

Crypto?

At any time during this year did you:

(a) receive (as a reward, award, or payment for property or service) a digital asset?

☐ ☐ (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

Identification Information

Taxpayer's type of photo ID	**Spouse's type of photo ID**
Driver's license or Passport	Driver's license or Passport
Photo ID Number	Photo ID Number
Date photo ID was issued	Date photo ID was issued
Date photo ID expires	Date photo ID expires

Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use this Account for	
			Checking	Savings	Refunds	Payments
			☐	☐	☐	☐
			☐	☐	☐	☐

NOTES TO PREPARER:

Dependent and Other Information Page
Client Name:

List of Additional States to File Taxes:

I/We have Foreign Bank Account or Assets: ☐

Are either of you Clergy? Taxpayer ☐ Spouse ☐

Sources of Income:

W2 (Salary/Wages):	☐	Capital Gains	☐
Interest:	☐	Small Business	☐
Dividends:	☐	1099-NEC	☐
Retirement:	☐	K-1	☐
Social Security:	☐	Other	☐

Deductions:

Medical	☐
Tax: House	☐
Tax: Car	☐
Mortgage	☐
Charity	☐

Health Insurance (1095-A)

Taxpayer:	☐
Spouse:	☐

I would like a copy of my return be sent to my
Financial Advisor or other professional (address below): ☐

Dependent Information

First and Last Name	SSN	Has an IP PIN	Relationship - Son/Daughter/Other	Months in Home	Date of Birth	Disabled	Full-time Student	Childcare Expenses
		☐				☐	☐	
		☐				☐	☐	
		☐				☐	☐	
		☐				☐	☐	
		☐				☐	☐	

List dependents required to file a return

Child and Other Dependent Care Expenses

Name of Care Provider	Address	SSN or EIN	Amount Paid

Estimates

☐ [I do not make estimated payments]

	Federal Date Paid	Federal Amount	Resident State Date Paid	Resident State Amount
Overpayment applied from Prior Year:				
First quarter				
Second quarter				
Third quarter				
Fourth quarter				