PERSONAL INFORMATION ORGANIZER

Please complete this Organizer before your appointment.

| 1. PERSONAL INFO | RMATION | | | . , | | ······································ | | | | | | | | | |
|---|--------------------|--------------|------------|-------------|------------------------|--|---------------------------------------|--|----------------------|--------------------------------------|----------|--------|--------------|-------------|--|
| | | | | | | | | | | | | | | | |
| Name | | SSI | or ITIN | | Date of I | 3irth | Date o | of Death | _ | Осс | upation | В | ind D | isabled | |
| Taxpayer Spouse | | | | _ | • ; | | | | - | | | | 4 | ᆜ | |
| Street Address | į, | Apt. | City or | town | | | State | | Zin | Code | | C | ounty | <u> </u> | |
| Street Address | | , .p | Oity Oi | town | | | Otato | | | 0000 | | 0 | Junty | | |
| Foreign country | n country | | | | Foreign province/state | | | | For | Foreign postal code | | | | | |
| E-mail Address(es) | | , | | | Hom | e Phon | ,, | | 1, | Mobi | le Phone | | | | |
| 2 111411 7 1441 000(00) | 1 | | | 110111 | THE FROME | | | Wieslie i Helle | | | | | | | |
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| 2. FILING STATUS | | | | | | | | | | | | | | | |
| Single | | | | | | | | | | | | | | | |
| 3. DEPENDENTS | | | | | | | | | | | | | | | |
| Name | Relationship | Date | of Birth | LEGNIA | or ITINI | Months | Lived | Disable | a Ear | Time | Depon | dont's | Child | Caro | |
| I Name | Relationship | Date | OI BIITIII | JOIN | אווווווע | | You | Disable | | | Gross I | | | | |
| | | + | ······ | ļ, | . , | 7 7 161 | | | Г | 7 | 01033 11 | TOOME | LAPCITO | CS T AIG | |
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| 4. REFUND INFORM | ATION | | | | · · · · · | , | | | | | | | | | |
| 1. Would you like to have | any refunds direc | ly deno | sited int | o vour l | hank ar | count? | | | | , | | | Yes | □No | |
| 1. Would you like to have | any returnes ance | ily acpt | onca mi | o your i | barne ac | oount: | | | | | | L | _ 1 03 | L 140 | |
| Bank Account | | | | | | Bank A | Accoun | nt | | | | | | | |
| Ownership | | | e 🗌 Jo | oint | | Ownership | | | | ☐ Taxpayer ☐ Spouse ☐ Joint | | | | | |
| Туре | ☐ Checking ☐ | Savings | | | | Туре | | | ☐ Checking ☐ Savings | | | | | | |
| Bank name | | | | | | | Bank name | | | | | | | | |
| Routing number | per | | | | | | Routing number | | | | | | | | |
| Account number | | | | | Account number | | | | | | | | | | |
| Account outside the jurisdiction of the United States? Account outside the jurisdiction of the United States? Yes | | | | | | | | | | | | | ☐ Yes | | |
| | | | | | | | | | | | | | | | |
| 5. IDENTIFICATION | INFORMATION | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Taxpayer | | | | | | Spouse | | | | | | | | | |
| Type of ID: | ☐ Driver's license | : □s | tate-issu | ed ID | | Type of ID: | | | | ☐ Driver's license ☐ State-issued ID | | | | | |
| | ☐ No ID | | | | | | | ☐ No ID | | | | | | | |
| ID number | | | | | | ID number | | | | | | | | | |
| Location of issuance | | | | | | | Location of issuance | | | | | | | | |
| Issue date | | | | | | Issue date | | | | | | | | | |
| Expiration date | date | | | | | | Expiration date | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 6. HEALTH CARE INFORMATION | | | | | | | | | | | | | | | |
| Please indicate where yo | ou received your h | ealth in | surance | from fo | r all me | mbers | of your | tax hou | seholo | d. | | | . | | |
| □Employer | ☐ Government-S | | | | | | | | | | nsuranc | e Comp | oany) | | |

New Client

PERSONAL INFORMATION ORGANIZER
Please complete this Organizer before your appointment.

| 7. MISCELLANEOUS PERSONAL INFORMATION QUESTIONS | |
|---|------------------|
| | |
| 1. Check the applicable boxes if you wish to contribute \$3 to the Presidential Election campaign fund. 2. Were you a victim of identity theft and have you been contacted by the IRS? | ☐ Spouse ☐ No |
| 3. Were you (or your spouse if filing jointly) a nonresident alien for any part of 2020? | ☐ No ☐ No |
| 5. Do you have any children age 18 or under (or student under age 24) who had unearned income of more than \$2,200? | ☐ No |
| 6. If any of your children are required to file a return, do you elect to report your child's interest and dividends on your return? | ☐ No |
| 7. Did you give a gift of more than \$15,000 to one or more people? | ∐ No □ No |
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| 8. COMMENTS | |
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