## 2020 Tax Organizer Personal and Dependent Information

Personal Information												
Name					SSN		Has IP PIN	B. ( ( ) ) ( )				
Taxpayer	yer .											
Spouse												
	dress, city	y, state, and ZIP										
		Occumation			Doubles			Francisco			Call mh	
Taxpayer		Occupation			Daytim	e phone Evening		Evening	rening phone		Cell phone	
Spouse	+											
Taxpayer	omail											
Spouse email   Marital Status at end of 2020   Other information   Taxpayer   Spouse												
Marrie		2020		Are you blin				Yes No			☐ Yes ☐ No	
=	d filing se	parately		Are you dis				Yes	□ No		Yes	☐ No
Single		anauca diad in 2020		-	ull-time stud			Yes	☐ No		Yes	☐ No
Widow	(0.)	spouse died in 2020 ter the date of death	_		nt \$3 to go to Il Election Ca		und?	Yes	☐ No		Yes	☐ No
At any tim	ne during	2020 did you receive, sell, send, excha	nge, or a	acquire any	financial int	erest in a	ny virtua	l currency	/?		Yes	☐ No
Depend	dent Inf	ormation										
First and	d last nam	ne	Has	Relati	ionship	Months in	Date of	birth	Disabled	Full- time	Chi	ldcare
SSN			IP PIN			home				student	Exp	enses
List deper	ndents re	quired to file a return										
COVID	-19 lmp	lications										
Yes No  □ Did you receive an Economic Impact Payment (EIP)?  If "Yes," provide Notice 1444 from the IRS. □ Did you experience economic loss due to COVID-19 (loss of job, closed business, etc.)? □ Were you unemployed for any portion of the year due to COVID-19? □ Did you continue to receive wages from your employer even if you were unable to work? □ Did you receive a distribution from a retirement plan (401K, IRA, etc.) due to COVID-19? □ If you own a farm or business, did you continue to pay any employee while they were not working? □ If you own a farm or business, did you delay withholding FICA taxes from any employee's pay? □ If you own a farm or business, did you receive a Paycheck Protection Program (PPP) loan? □ If "Yes," was the loan forgiven or have you applied for forgiveness? □ If you own a farm or business and were unable to work due to COVID-19, would you have qualified												
☐ ☐ for sick or family leave if employed by someone other than yourself?  Appointment Information												
Your 2020 appointment is scheduled for												
. 501 2020	- appoint											

Additional Taxpayer Information								
Name:					SSN:			
Estimates								
Overpayment applied from 2019	ount Date	Resident state paid Amo	ount	R Date paid	esident city	Amount		
First quarter								
Second quarter								
Third quarter								
Fourth quarter								
Additional payments								
Account Information for Deposits or Withdrawa	als							
	Bank	Bank	Type of	account	Use this a	account for		
Name of bank	routing number	account number	Checking	Savings	Deposits	Withdrawals		
Identfication Information								
Taxpayer  Type of photo ID Driver's license State-issued photo ID  Driver's license or state-issued photo ID number  State the driver's license or state-issued photo ID was issued in								
Issue date of the driver's license or state-issued photo ID								
Expiration date of the driver's license or state-issued pho								
Spouse Type of photo ID Driver's license  State-issued photo ID  State-issued photo ID								
Driver's license or state-issued photo ID number								
State the driver's license or state-issued photo ID was issued in								
Issue date of the driver's license or state-issued photo ID								
Expiration date of the driver's license or state-issued pho	oto ID							
**PLEASE PROVIDE DRIVER'S LIC	CENSE & SO	CIAL SECURI	TY OR U	PLOAD	TO PO	RTAL**		

New Clients ONLY: How did you hear about us?							
Referred By:							
Other Information Required:							
Do you Rent or Own ? Circle One							
Rent Amount per Month \$ How Long Rented?							
Landlord's Name and Address:							
School District							
Cell number you want to receive texts from our portal:  If you do not want to receive texts from our portal please check here:							
County Lived on January 1 <sup>st</sup> : County Worked on January 1 <sup>st</sup> :							
Are you a new IN Resident? Complete the next two questions:							
1. Dates moved IN or OUT (circle one) of Indiana:							
2. State moved TO or FROM (circle one):							
Payment of Tax Preparation Fees: CASH/CHECK CREDIT/DEBIT TAX REFUND							
Mother's Maiden Name (ONLY if paying through Tax Refund):							
Please answer the following:							
<ul> <li>□ Are you a retired Civil Servant</li> <li>□ Are you Retired Military or Receive Survivor's Benefits from the Military? □ Taxpayer □ Spouse</li> <li>□ Are you Reserve National Guard? If yes, was any of your income from involuntary orders, were you mobilized and deployed for full-time service; or was your unit federalized? □ Yes □ No</li> <li>□ How many eligible Children are attending home school or Private School         (Elementary-High School Only)</li> <li>□ Did you contribute to a College Choice 529 Plan?</li> <li>□ If yes, Did you provide statements with account numbers for each eligible student?</li> <li>□ Did you donate to a Private School or Indiana College?</li> <li>□ If yes, Did you provide statements with date, amounts, and name of institution?</li> </ul>							
<ul> <li>□ Are you and/or your Spouse Public School Teachers(s) in Indiana K-12?</li> <li>□ Taxpayer</li> <li>□ Spouse</li> <li>□ Do you pay Partnership Lon Term Care Policy Premiums?</li> </ul>							
Other Information Necessary to prepare your taxes:							

	Healthcare Coverage Questionnaire	
Name:	Only complete highlighted Item(s)	SSN:

Name:		Only complete nightighted	item(s)	S	SN:			
Healthcare Information								
		Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all			
YES	NO	Did appears other than you or your spouse pay for healthcare coverage for	anyona listad abov	o?				
		Did anyone other than you or your spouse pay for healthcare coverage for Did you pay for healthcare coverage for anyone not listed above?	arryone listed abov	ə :				
∐ If you	⊔ ı had d	coverage for any part of the year:						
		was the policy obtained?						
lf you	ı didn'	Employer / Medicare / Medicaid / Marketplace(Exchange) / Other <i>If N</i> . t have coverage part or all of the year:	larketplace, provid	le 1095-A				
-		S if the following applies to any member of the household						
		Was your previous insurance policy canceled in 2020?						
		Was coverage offered by your employer or your spouse's employer?						
		Are you a member of a federally recognized Indian tribe?						
		Are you eligible for services through an Indian healthcare provider?						
		Are you a member of a healthcare sharing ministry?						
		Did you live in the United States the entire year?						
		Are you enrolled in TRICARE?						
		Did you apply for CHIP coverage?						
Ш		Do any of the following apply to you? Do NOT indicate which one.  • Became homeless						
		Evicted in the past six months, or facing eviction or foreclosure						
		Received a shut-off notice from a utility company						
		Recently experienced domestic violence						
		Recently experienced the death of a close family member						
		<ul> <li>Recently experienced a fire, flood, or other natural or human-caused di that resulted in substantial damage to your property</li> <li>Filed for bankruptcy in the last six months</li> </ul>	saster					
		Incurred unreimbursed medical expenses in the last 24 months that res	sulted in substantial	debt				
		<ul> <li>Experienced unexpected increases in essential expenses due to caring ill, disabled, or aging family member</li> </ul>	for an					