

2020 Tax Organizer Personal and Dependent Information

Personal Information

	SSN	Has IP PIN	Date of birth
Name			
Taxpayer			
Spouse			
Street address, city, state, and ZIP			
Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer			
Spouse			
Taxpayer email			
Spouse email			

Marital Status at end of 2020

- Married
 Married filing separately
 Single
 Widow(er) If spouse died in 2020 enter the date of death _____

Other information

- Are you blind? Yes No
 Are you disabled? Yes No
 Are you a full-time student? Yes No
 Do you want \$3 to go to the Presidential Election Campaign Fund? Yes No

Taxpayer

- Yes No
 Yes No
 Yes No
 Yes No

Spouse

- Yes No
 Yes No
 Yes No
 Yes No

At any time during 2020 did you receive, sell, send, exchange, or acquire any financial interest in any virtual currency? Yes No

Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full- time student	Childcare Expenses

List dependents required to file a return _____

COVID-19 Implications

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 _____

Additional Taxpayer Information

Name: _____

SSN: _____

Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2019	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

Identification 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 photo ID _____

Spouse

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 photo ID _____

PLEASE PROVIDE DRIVER'S LICENSE & SOCIAL SECURITY OR UPLOAD TO PORTAL

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 1st: _____ County Worked on January 1st: _____

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:

- Are you a retired Civil Servant
- Are you Retired Military or Receive Survivor's Benefits from the Military? Taxpayer Spouse
- 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
- How many eligible Children are attending home school or Private School
(Elementary-High School Only) _____
- Did you contribute to a College Choice 529 Plan?
 - If yes, Did you provide statements with account numbers for each eligible student?
- Did you donate to a Private School or Indiana College?
 - If yes, Did you provide statements with date, amounts, and name of institution?
- Are you and/or your Spouse Public School Teachers(s) in Indiana K-12? Taxpayer Spouse
- Do you pay Partnership Long Term Care Policy Premiums?

Other Information Necessary to prepare your taxes: _____

