2022 Tax Organizer Personal Information

Personal Information									
Name	Name					Date	of birth		
axpayer									
spouse									
lame of person to whom all information should be addressed, if not the	taxpayer								
treet address, city, state, and ZIP									
Occupation		Daytime phone Evening phone				Cell phone			
axpayer									
pouse									
axpayer email									
pouse email									
Are you or your spouse a full-time student? Do you or your spouse want to designate \$3 to go to you any time during 2022 did you: (a) receive (as a reward, award, or payment for (b) sell, exchange, gift, or otherwise dispose of the dentification information.	or property or servi	ce) a digital asset		:)					
	_								
expayer's type of photo ID Driver's license State-issued photo ID	S	Spouse's type of photo ID Driver's license State-issued photo ID							
noto ID number	P	Photo ID number							
ate photo ID was issued	S	State photo ID was issued							
ate photo ID was issued	D	Date photo ID was issued							
ate photo ID expires	D	Date photo ID expires							
Account Information for Deposits and Withdraw	als								
Name of bank	Bank routing number	Bank account number		Type of account		Use this acc			
		account number	Checking	Savings	Беро	sits	Withdrawals		
Appointment Information				I					
ur 2022 appointment is scheduled for									
our 2022 appointment is scheduled for									
our 2022 appointment is scheduled for									
our 2022 appointment is scheduled for									

Pirst and last name SN IP PIN Relationship In Date of birth Disabled Full-firm Student SN IP PIN Relationship IP PIN Relationship IP PIN Date of birth In Disabled STUDENT STU	V-1		Dependent	and Other In	formatio	on			
First and last name SN	Name:							SSN	<u> :</u>
SSN IP PIN Relationship in nome Date of birth Disabled student Expenses PP PIN Relationship in nome Date of birth Disabled student Expenses	Dependent Information								
Name of care provider Name of care provider Address SSN or EIN Amount Paid Estimates Federal Resident State Resident City Date paid Date paid Amount Date paid Amount Date paid Amount Date paid Amount First quarter Second quarter Third quarter Fourth quarter				Relationship	in	Date of birth	Disabled	time	
Name of care provider Name of care provider Address SSN or EIN Amount Paid Estimates Federal Resident State Resident City Date paid Date paid Amount Date paid Amount Date paid Amount Date paid Amount First quarter Second quarter Third quarter Fourth quarter									
Name of care provider Name of care provider Address SSN or EIN Amount Paid Estimates Federal Resident State Resident City Date paid Date paid Amount Date paid Amount Date paid Amount Date paid Amount First quarter Second quarter Third quarter Fourth quarter									
Name of care provider Name of care provider Address SSN or EIN Amount Paid Estimates Federal Resident State Resident City Date paid Date paid Amount Date paid Amount Date paid Amount Date paid Amount First quarter Second quarter Third quarter Fourth quarter									
Name of care provider Name of care provider Address SSN or EIN Amount Paid Estimates Federal Resident State Resident City Date paid Date paid Amount Date paid Amount Date paid Amount Date paid Amount First quarter Second quarter Third quarter Fourth quarter									
Name of care provider Name of care provider Address SSN or EIN Amount Paid Estimates Federal Resident State Resident City Date paid Date paid Amount Date paid Amount Date paid Amount Date paid Amount First quarter Second quarter Third quarter Fourth quarter									
Name of care provider Address SSN or EIN Amount Paid Estimates Federal Resident State Resident City Date paid Amount Date paid Amount Date paid Amount First quarter Second quarter Fourth quarter Fourth quarter			oneoe						
Federal Resident State Resident City Date paid Amount Date paid Amount Date paid Amount Diverpayment applied from 2021 First quarter Second quarter Finird quarter Fourth quarter		aont oars Expt					SSN or EIN		Amount Paid
Federal Resident State Resident City Date paid Amount Date paid Amount Date paid Amount Diverpayment applied from 2021 First quarter Second quarter Finird quarter Fourth quarter									
Federal Resident State Resident City Date paid Amount Date paid Amount Date paid Amount Diverpayment applied from 2021 First quarter Second quarter Finird quarter Fourth quarter									
Date paid Amount Date paid Amount Date paid Amount Date paid Amount Description 2021 First quarter Second quarter Third quarter Fourth quarter	Estimates								
Overpayment applied from 2021 First quarter Second quarter Third quarter Fourth quarter			ederal		ident State			Resident	City
Second quarter Third quarter Fourth quarter	Overpayment applied from 2021	Date paid	Amount	Date paid	A	mount	Date paid		Amount
Fourth quarter	First quarter		_	_					
Fourth quarter	Second quarter		_						
			_	_					
	Additional payments			_					