

PERSONAL INFORMATION ORGANIZER
Please complete this Organizer before your appointment.

1. PERSONAL INFORMATION

Name		SSN or ITIN		Date of Birth	Date of Death	Occupation	Blind	Disabled
Taxpayer							<input type="checkbox"/>	<input type="checkbox"/>
Spouse							<input type="checkbox"/>	<input type="checkbox"/>
Street Address		Apt.	City or town		State	Zip Code	County	
Foreign country		Foreign province/state				Foreign postal code		
E-mail Address(es)				Home Phone		Mobile Phone		

2. FILING STATUS

<input type="checkbox"/> Single	<input type="checkbox"/> Check if parent (or someone else) can claim you as a dependent on their return.
<input type="checkbox"/> Married Filing Joint	
<input type="checkbox"/> Married Filing Separate	<input type="checkbox"/> Check if you lived apart from your spouse for all of 2025
<input type="checkbox"/> Head of Household	
<input type="checkbox"/> Qualifying Widow(er)	Year spouse died: _____

3. DEPENDENTS

Name	Relationship	Date of Birth	SSN or ITIN	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	Child Care Expenses Paid
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		

4. REFUND INFORMATION

1. Would you like to have any refunds directly deposited into your bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bank Account Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank name _____ Routing number _____ Account number _____ Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes	Bank Account Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank name _____ Routing number _____ Account number _____ Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes

5. IDENTIFICATION INFORMATION

Taxpayer Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID ID number _____ Location of issuance _____ Issue date _____ Expiration date _____	Spouse Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID ID number _____ Location of issuance _____ Issue date _____ Expiration date _____
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6. HEALTH CARE INFORMATION

Please indicate where you received your health insurance from for all members of your tax household.		
<input type="checkbox"/> Employer	<input type="checkbox"/> Government-Sponsored Marketplace	<input type="checkbox"/> Private Exchange (Individual Insurance Company)

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1. Check the applicable boxes if you wish to contribute \$3 to the Presidential Election campaign fund.	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse
2. Were you a victim of identity theft and have you been contacted by the IRS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please furnish the 6-digit PIN issued to you by the IRS		
3. Were you (or your spouse if filing jointly) a nonresident alien for any part of 2025	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you received any notices or correspondences from the IRS or state in the past 3 tax years?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Did you give a gift of more than \$15,000 to one or more people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. If age 65 or older, do you want to file Form 1040-SR, U.S. Tax Return for Seniors, instead of Form 1040?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

[illegible]