2021 Tax Organizer Personal Information

Persona	al Infor	mation									
		Name			SS	iN I	Has IP PIN	Dat	te of birth		
Taxpayer											
Spouse											
Name of pe	erson to wi	nom all information should be addressed, if not th	ne taxpayer			1					
Street add	dress, cit	y, state, and ZIP									
		Occupation		Daytime phone	Evening p	Evening phone			hone		
Taxpayer											
Spouse											
Taxpayer	email						•				
Spouse e	mail										
Singl Marri Yes No	le ied filing o Are you Are you Are you Do you At any If you of age If you and so Was y If Did you If	separately - If married but filing separate ou or your spouse blind? Ou or your spouse disabled? Ou or your spouse a full-time student? Ou or your spouse want to designate \$3 to or time during 2021 did you receive, sell, end were 18 years of age, or under 24 and a seand agree this status can be disclosed to were 18 years of age, or under 24 and a supporting yourself? Or our earned income in 2021 less than your "Yes," enter the amount of your 2019 ear our receive the third stimulus payment (Economy Tyes," enter the amount received for each Taxpayer	o go to the Preside exchange, or other a student, at the ento the IRS? a student, at the ento the income income.	ntial Election Campaign F wise dispose of any financ d of 2021, were you in fos d of 2021, were you home n 2019? yment or EIP) in 2021? ovide Notice 1444-C or Le	und? ial interest in ter care on or less or at risk	any virtuar after turn	I curren ing 14 y	years	5		
	's type c er's licer	of photo ID se State-issued photo ID		Spouse's type of photo	_	te-issued	photo II)			
Photo ID r	number			Photo ID number							
State phot				State photo ID was issued							
		issued		Date photo ID was issued							
		ires		Date photo ID expires							
Accoun	t Infori	mation for Deposits and Withdrav	wals								
		Name of bank	Bank	Bank	Type of acc	Type of account			Use this account for		
		ranie of Maria	routing number	account number	Checking	Savings	Depo	osits	Withdrawals		
Appoint	tment l	nformation									
Your 2021	appoint	ment is scheduled for									

		Depen	dent	and Other Inf	ormatio	on			
ame:								SSN	l :
Dependent Information	า								
First and last name SSN		1	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full- time student	Childcare Expenses
st dependents required to fi	ile a retum								<u> </u>
es No									
				edit from the IRS at	-				
If "Yes," ent the amount	er the amoun received as s	t each taxpayer re hown on IRS Lette	er 6419	and the number of on the contract of the contr	Letter 6419	en into account t) from the IRS.	o aetermin	е	
Taxpayo									
Spouse									
			tum wit	h your spouse, are y	ou filing a	joint return with t	he same s	pouse th	is year?
			etum wit	h your spouse, are y	you filing a	ioint retum with t	he same s	pouse th	is year?
			etum wit	h your spouse, are y	you filing a	joint retum with t	he same s		is year?
Child and Other Deper			etum wit		ou filing a	ioint retum with t			
Child and Other Deper			etum wit		ou filing a	ioint retum with t			
Child and Other Deper			etum wit		ou filing a	ioint retum with t			
Child and Other Deper			etum wit		ou filing a	ioint retum with t			
Child and Other Deper		Expenses	etum wit	Address		ioint retum with t	SSN or E	IN	Amount Pai
Name of care provider				Address	dent State	ioint return with t	SSN or E		Amount Pai
Name of care provider Stimates Verpayment applied	ndent Care	Expenses		Address	dent State		SSN or E	IN	Amount Pai
Name of care provider Stimates Verpayment applied om 2020	ndent Care	Expenses		Address	dent State		SSN or E	IN	Amount Pai
Name of care provider Stimates Verpayment applied om 2020 rst quarter	ndent Care	Expenses		Address	dent State		SSN or E	IN	Amount Pai
Name of care provider Name of care provider Estimates verpayment applied om 2020 rst quarter econd quarter	ndent Care	Expenses		Address	dent State		SSN or E	IN	Amount Pai
Name of care provider Name of care provider Estimates verpayment applied om 2020 rst quarter econd quarter nird quarter	ndent Care	Expenses		Address	dent State		SSN or E	IN	Amount Pai
Child and Other Deper	ndent Care	Expenses		Address	dent State		SSN or E	IN	Amount Pai