

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

Single Check if parent (or someone else) can claim you as a dependent on their return.
 Married Filing Joint
 Married Filing Separate Check if you lived apart from your spouse for all of 2018.
 Head of Household
 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? Yes No

Bank Account

Ownership Taxpayer Spouse Joint
 Type Checking Savings
 Bank name _____
 Routing number _____
 Account number _____
 Account outside the jurisdiction of the United States? Yes

Bank Account

Ownership Taxpayer Spouse Joint
 Type Checking Savings
 Bank name _____
 Routing number _____
 Account number _____
 Account outside the jurisdiction of the United States? Yes

5. IDENTIFICATION INFORMATION

Taxpayer

Type of ID: Driver's license State-issued ID
 No ID
 ID number _____
 Location of issuance _____
 Issue date _____
 Expiration date _____

Spouse

Type of ID: Driver's license State-issued ID
 No ID
 ID number _____
 Location of issuance _____
 Issue date _____
 Expiration date _____