

2019 Tax Organizer Personal and Dependent Information

Personal Information

| | | | |
|--------------------------------------|--|---------------|---------------|
| Name | | SSN | Date of birth |
| Taxpayer | | | |
| Spouse | | | |
| Street address, city, state, and ZIP | | | |
| Occupation | | Daytime phone | Evening phone |
| Taxpayer | | | |
| Spouse | | | |
| Taxpayer email | | | |
| Spouse email | | | |

Marital Status at end of 2019

- Married
 Married filing separately
 Single
 Widow(er) If spouse died in 2019 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

Dependent Information

| First and last name | SSN | Relationship | Months in home | Date of birth | Disabled | Full-time student |
|---------------------|-----|--------------|----------------|---------------|----------|-------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

List dependents required to file a return _____

Estimates

| | Federal | | Resident state | | Resident city | |
|-------------------------------|-----------|--------|----------------|--------|---------------|--------|
| | Date paid | Amount | Date paid | Amount | Date paid | Amount |
| Overpayment applied from 2018 | _____ | _____ | _____ | _____ | _____ | _____ |
| 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 |
| | | | | | | |
| | | | | | | |

Appointment Information

Your 2019 appointment is scheduled for _____