

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
- Widower 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 _____

Income

Name:

SSN: ***-**-****

Wages & Salaries

Provide all copies of Form W-2

Employer name	2019 federal wages

Retirement

Provide all copies of Form 1099-R

Payer name	2019 distribution

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?

Yes No

Form 1099-Misc Income

Provide all copies of Form 1099-MISC

Payer name	2019 amount

Income

Name:

SSN: ***-**-****

Dividend Income

Provide all copies of Form 1099-DIV & other statements that report dividend income

Account number Payer name	2019 ordinary dividends	2019 qualified dividends
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income

Account number Payer name	2019 interest
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address