

CLIENT TAX ORGANIZER

| TAX | YEAR | |
|-----|------|--|
|-----|------|--|

| PERSONAL INFORMATION | TAXPAYER | | | | | Spouse | | | | |
|---|---|-------------------------------|---------------|-------------------------|-------------------|----------|----------------------|-----------------------------|--------------------|------------|
| FIRST NAME & INITIAL | | | | | | | | | | |
| LAST NAME | | | | | | | | | | |
| SOCIAL SECURITY NUMBER | | | | | | | | | | |
| DATE OF BIRTH | | | | | | | | | | |
| OCCUPATION | | | | | | | | | | |
| EMAIL ADDRESS | | | | | | | | | | |
| BEST CONTACT NUMBER | | | | Apt/Suite | | | | | | Apt/Suite |
| ADDRESSS | | | | | | | | | | |
| CITY | | | | | | | | | | |
| STATE/ZIP | | | | | | | | | | |
| Taxpaye Legally Blind Disabled Pres Campaign Fund Filing Status: Single | r Yes Yes Yes Head of Household | No No No Married Fil | ing Joint | Widower | ` ' | n Fund | | Spouse Yes Yes Yes | No No No | |
| N | Married filing Separate | | Spouse SS# | | Spouse Name: | | | | | |
| | | | D 1 | . (61.11 % 04 | ` | | | | | |
| Nome | Deletionskin | Date of Birth | | ents (Children & Others | Lived With You | Disabled | Full-Time Student | | Don don don to Cuo | oo In come |
| Name | Relationship | Date of Birth | Social Sec | curity Number | Tou | Disabled | Student | | Depdendent's Gro | ss meome |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | F | lease Expl | ain/Provide Detai | s |
| 1. Did your marital status cha | ange during the year | r? | | Yes | No | | | * | · | |
| 2. Did your address change during the year? | | | | Yes | No | | | | | |
| 3. Did you receive any unemployment/disability income? | | | | Yes | No | | | | | |
| 4. Did you buy or sell any sto | cks/bonds/investm | nent property? | | Yes | No | | | | | |
| 5. Did you sell any real estate, including your primary home? | | | | Yes | No | | | | | |
| 6. Did you recharacterize any IRA accounts? | | | | Yes | No | | | | | |
| 7. Can another person claim you on their tax return? | | | | Yes | No | | | | | |
| 8. Did you pay for any domestic services in your home? | | | | Yes | No | | | | | |
| 9. Did you pay any qualified dependent care expenses? | | | | Yes | No | | | | | |
| 10. Did you make any cash contributions to a qualified organization? | | | | Yes | No | | | | | |
| 11. Are you a foreign citizen or do you have any foreign income? | | | | Yes | No | | | | | |
| 12. Are you Active Duty Milit | 12. Are you Active Duty Military? | | | | | | | | | |

| 1 | 13. Did you receive a di | stribution from a retirement plan? | Yes | N | 0 | | |
|-------------------|-------------------------------|--|---------------------------------|-------------------------|------------------|-------------------------|-------------|
| 1 | 14. Did you contribute t | o a retirement plan outside of work? | Yes | N | О | | |
| 1 | 15. Did you give a gift o | f \$15,000 or more to any one person? | Yes | N | o | | |
| 1 | 16. Did you have any de | ebt canceled? | Yes | N | o | | |
| 1 | 17. Are you currently be | ring audited? | Yes | N | o | | |
| 1 | 18. May the IRS discuss | your tax return with me? | Yes | N | o | | |
| 1 | 19. Do you authorize m | e to electronically file your return(s)? | Yes | N | о | | |
| 2 | 20. Did everyone on you | ır return have health insurance all yea | ar? Yes | N | 0 | | |
| 2 | 21. Did you participate | in a Health Savings Plan? | Yes | N | О | | |
| 2 | 22. Did you contribute t | o a 529 Savings Plan? | Yes | N | 0 | | |
| 2 | 23. Did you purchase/s | ell any cryptocurrency? | Yes | N | 0 | | |
| 2 | 24. Do you have an Ider | atity Theft Pin issued by the IRS? | Yes | N | 0 | | |
| | | | REFUND DIRECT | DEPOSIT | | | |
| | | | | | | | |
| I | Bank Name: | | | | Checking: | | |
| F | Routing Number: | | | | | | |
| A | Account Number | | | | Savings: | | |
| | | Taxpayer ID Information | | | | | |
| Т | Гуре: | Driver's License | State ID | | | | |
| 1 | Number: | | | | | | |
| | ssue Date: | Expiration Date | | | | | |
| State/Co | ountry of Issue: | | | | | | |
| | | Spouse ID Information | | | | | |
| Т | Гуре: | Driver's License | State ID | | | | |
| 1 | Number: | | | | | | |
| | sue Date: | Expiration Date | | | | | |
| State/Cou Issu | • | | | | | | |
| | | | ACKNOWLEDO | GEMENT | | | |
| а | agents and affiliates, from a | wledge that the above information providen ny liability whatsoever, regarding the prepa e relief is limited to the return of any fee pai | ration of this/these tax return | n(s), and agree to hold | them harmless fi | om any damages I/We may | suffer and |
| Т | Гахрауег's Signature: | | | Da | ate | | |
| I | Print Name: | | | <u></u> | | | |
| | | | | | | | |
| S | Spouse's Signature | | | Da | ate | | |
| I | Print Name | | | | · | | |
| | | | | | | | |