



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 |
| ADDRESS | | | | |
| CITY | | | | |
| STATE/ZIP | | | | |

| | | | | | | |
|--------------------|----------|-------------------------|----------------------|--------------------|--------------|--|
| | Taxpayer | | | | Spouse | |
| Legally Blind | Yes | No | Legally Blind | Yes | No | |
| Disabled | Yes | No | Disabled | Yes | No | |
| Pres Campaign Fund | Yes | No | Pres Campaign Fund | Yes | No | |
| Filing Status: | Single | Head of Household | Married Filing Joint | Widower | (Date) _____ | |
| | | Married filing Separate | Spouse SS# _____ | Spouse Name: _____ | | |

| Dependents (Children & Others) | | | | | | | |
|--------------------------------|--------------|---------------|------------------------|----------------|----------|-------------------|--------------------------|
| Name | Relationship | Date of Birth | Social Security Number | Lived With You | Disabled | Full-Time Student | Dependent's Gross Income |
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| | | | Please Explain/Provide Details | | | | | | | | | | | | | |
| 1. Did your marital status change during the year? | Yes | No | <table border="1" style="width: 100%; height: 100%;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> | | | | | | | | | | | | | |
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| 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 stocks/bonds/investment 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 Military? | Yes | No | | | | | | | | | | | | | | |

