

Please complete this Organizer before you see the Tax Preparer.

1. Personal Information				
Name	Social Security #	Date of Birth	Occupation	Main Contact
Taxpayer				
Spouse				Other Contact
Street Address		City	State	Zip
Taxpayer email:		Spouse's email:		

Taxpayer	Spouse	Marital Status
Blind <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Married Will file Jointly Yes <input type="checkbox"/> or No <input type="checkbox"/>
Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Head of Household
Pres. Campaign Fund <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Widower, Date of Spouse's death _____

2. Dependents (Children & Others)								
Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months dep lived in house	Disabled	Fulltime Student	Dependent's Gross Income	

3. Wage, Salary Income (Attach W2s)			4. Interest Income (Attach ALL 1099 forms & Broker Statements)	
Employer	TP	SP	Payer/Bank/W2-G	How Many
_____	<input type="checkbox"/>	<input type="checkbox"/>	1099 INT	
_____	<input type="checkbox"/>	<input type="checkbox"/>	1099 DIV	
_____	<input type="checkbox"/>	<input type="checkbox"/>	1099 SSA	
_____	<input type="checkbox"/>	<input type="checkbox"/>	1099 G	
_____	<input type="checkbox"/>	<input type="checkbox"/>	1099 R	

5. Child & Other Dependent Care Expenses			
Name of Care Provider	Address	Social Security Number or Employer ID.	Amount Paid

- | | |
|--|--|
| 1. Are you self-employed or receive hobby income? <input type="checkbox"/> Y* <input type="checkbox"/> N | 5. Did you have any debts cancelled or forgiven? (Form 1099C) <input type="checkbox"/> Y* <input type="checkbox"/> N |
| 2. Did you receive income from farming-animals,crops? <input type="checkbox"/> Y* <input type="checkbox"/> N | 6. Did you pay interest for a student loan? <input type="checkbox"/> Y* <input type="checkbox"/> N |
| 3. Did you receive rental income-property, other? <input type="checkbox"/> Y* <input type="checkbox"/> N | 7. Did you pay expenses for secondary education? (1098T required) <input type="checkbox"/> Y* <input type="checkbox"/> N |
| 4. Did you receive any letters from IRS or State ? <input type="checkbox"/> Y* <input type="checkbox"/> N | 8. Do you owe the IRS, State, child support and/or school loans? <input type="checkbox"/> Y* <input type="checkbox"/> N |

TP Signature _____ Date _____
SP Signature _____ Date _____

Your signature attest to the fact that the information above and accompany schedules, and statements is true & correct and list all sources of income received during the tax year to the best of your knowledge.