

**PERSONAL INFORMATION ORGANIZER**  
Please complete this Organizer before your appointment.

**1. PERSONAL INFORMATION**

Name		SSN or ITIN	Date of Birth	Date of Death	Occupation	Blind	Disabled
Taxpayer						<input type="checkbox"/>	<input type="checkbox"/>
Spouse						<input type="checkbox"/>	<input type="checkbox"/>
Street Address		Apt.	City or town	State	Zip Code	County	
Foreign country		Foreign province/state			Foreign postal code		
E-mail Address(es)				Home Phone	Mobile Phone		

**2. FILING STATUS**

Single                       Check if parent (or someone else) can claim you as a dependent on their return.  
 Married Filing Joint  
 Married Filing Separate       Check if you lived apart from your spouse for all of 2022.  
 Head of Household  
 Qualifying Widow(er)      Year spouse died: \_\_\_\_\_

**3. DEPENDENTS**

Name	Relationship	Date of Birth	SSN or ITIN	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	Child Care Expenses Paid
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		

**4. REFUND INFORMATION**

1. Would you like to have any refunds directly deposited into your bank account? . . . . .  Yes  No

<p><b>Bank Account</b>                  Ownership      <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint                  Type              <input type="checkbox"/> Checking <input type="checkbox"/> Savings                  Bank name _____                  Routing number _____                  Account number _____                  Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes</p>	<p><b>Bank Account</b>                  Ownership      <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint                  Type              <input type="checkbox"/> Checking <input type="checkbox"/> Savings                  Bank name _____                  Routing number _____                  Account number _____                  Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes</p>
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**5. IDENTIFICATION INFORMATION**

<p><b>Taxpayer</b>                  Type of ID:      <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID                                           <input type="checkbox"/> No ID                  ID number _____                  Location of issuance _____                  Issue date _____                  Expiration date _____</p>	<p><b>Spouse</b>                  Type of ID:      <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID                                           <input type="checkbox"/> No ID                  ID number _____                  Location of issuance _____                  Issue date _____                  Expiration date _____</p>
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**6. HEALTH CARE INFORMATION**

Please indicate where you received your health insurance from for all members of your tax household.

Employer       Government-Sponsored Marketplace       Private Exchange (Individual Insurance Company)

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**7. MISCELLANEOUS PERSONAL INFORMATION QUESTIONS**

1. Check the applicable boxes if you wish to contribute \$3 to the Presidential Election campaign fund.	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse
2. Were you a victim of identity theft and have you been contacted by the IRS? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please furnish the 6-digit PIN issued to you by the IRS . . . . .		
3. Were you (or your spouse if filing jointly) a nonresident alien for any part of 2022? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you received any notices or correspondences from the IRS or state in the past 3 tax years? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have any children age 18 or under (or student under age 24) who had unearned income of more than \$2,200? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. If any of your children are required to file a return, do you elect to report your child's interest and dividends on your return? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Did you give a gift of more than \$15,000 to one or more people? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. If age 65 or older, do you want to file Form 1040-SR, U.S. Tax Return for Seniors, instead of Form 1040? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**8. COMMENTS**

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