

## PERSONAL INFORMATION

Taxpayer Name:		Spouse Name:	
SSN:		SSN:	
Date of Birth:		Date of Birth:	
Occupation:		Occupation:	
Email:		Email:	
Phone:		Phone:	
Disabled:	Y / N	Disabled:	Y / N
Presidential Campaign Fund	Y / N	Presidential Campaign Fund	Y / N
Address:			

## FILING STATUS

Single		Head of Household	
Married Filing Separate		Married Filing Joint	
Qualifying Widower		*Widow(er), Date of Spouse's Death	

## DEPENDENT INFORMATION

Name	DOB	SSN	Relationship	Full-time Student	Disabled	Dependent's Gross Income
				Y / N	Y / N	
				Y / N	Y / N	
				Y / N	Y / N	
				Y / N	Y / N	

## BANK INFORMATION Please provide Bank Routing & Account number for direct deposit for tax refund or automatic tax payments

Name of financial institution		Routing Number	
Type of account	Checking / Savings	Account Number	

## QUESTIONS, COMMENTS, & OTHER INFORMATION

If there are additional items that you believe to be pertinent to your specific tax situation or if you have additional comments, please make note below.

To the best of my knowledge the information enclosed in this client tax organizer is correct.

\_\_\_\_\_  
Taxpayer Date

\_\_\_\_\_  
Spouse Date