

TAX INFORMATION ORGANIZER

Client # _____

Tax Year _____

BASIC INFORMATION

TAXPAYER

SPOUSE

First name, middle initial _____

Last name _____

(if different)

Social Security # _____ - _____ - _____

_____ - _____ - _____

Primary occupation _____

Date of birth _____ / _____ / _____

_____ / _____ / _____

Date of death _____ / _____ / _____
(if applicable)

_____ / _____ / _____

Citizenship, if not US _____

Check if dependent of another taxpayer

Name of taxpayer _____

Relationship _____

Check if legally blind

ADDRESS

Mailing address

Address _____

Address _____

City _____ State _____ Zipcode _____

Primary residence

If different from mailing address:

Address _____

Address _____

City _____ State _____ Zipcode _____

Other address

Address _____

Address _____

City _____ State _____ Zipcode _____

Comments:

COMMUNICATIONS

TAXPAYER

SPOUSE

Home Phone # () _____

() _____

Work Phone # () _____ Ext _____

() _____ Ext _____

Fax Phone # () _____

() _____

Email address: _____

Mobile Phone # () _____

() _____

Pager/beeper # () _____

() _____

If you will be out of town during the period February 15th through April 15th, please provide mailing and phone instructions:

Period away from: _____
to: _____

Mailing address

Address _____

Address _____

City _____ State _____ Zipcode _____

Phone # () _____