

Tax Organizer _____

Personal Data

Taxpayer

First Name: _____ MI

Last Name: _____

SSN#: _____

E-mail Address: _____

Date of Birth: _____

Blind Y/N

State of Residency: _____

If Deceased Date: _____ / _____ / _____

\$3 to Presidential Election Campaign:

Filing Status-Check the appropriate boxes

1. Single

2. Married Joint

3. Married Separate

If Filing Status 3 Lived With Spouse

If Filing Stat 3 Claim Exem for Spouse

Spouse

First Name: _____ MI

Last Name: _____

SSN# _____

E-mail Address: _____

Date of Birth: _____

Blinc Y/N

State of Residency: _____

If Deceased Enter Date: _____ / _____ / _____

\$3 to Presidential Election Campaign:

4. Head of Houshold

5. Qualifying Widow(er)

6. Dependent on another Taxpayer

If Filing Status 4 Child's Name, SS# Put info in box below

If Filing Status 5 Year Spouse Died _____ / _____ / _____

Address

Street _____

City, State, Zip _____

Home Phone _____

Fax _____

County Name _____

School District _____

Dependents

NAME	DOB	SS#	Months	Day Care	Tax ID Day Care	PAID

Bank Routing Number: _____

Bank Account Number: _____