PERSONAL TAX EXTENSION ORGANIZER

Year:

TAXPAYER INFORMATION

First Name: MI: Last Name:

SS Number: Date of Birth: If deceased, date:

Occupation: Email:

Phone: Address:

Street, City, State, Zip:

SPOUSE INFORMATION (if applicable)

First Name: MI: Last Name:

SS Number: Date of Birth: If deceased, date:

Occupation: Email:

Phone:

FILING STATUS (check one)

☐ Single ☐ Married Filing Jointly ☐ Married Filing Separately

☐ Head of Household ☐ Qualifying Widower ☐ Dependent on another taxpayer

DEPENDENT INFORMATION (up to 3)

Name	DOB	SS#	Months with you	Day Care Paid	Provider Tax ID

EXTENSION & ESTIMATED TAX PAYMENTS

Extension Filed? ☐ Yes ☐ No When:

Did you make estimated tax payments this year? ☐ Yes ☐ No

Payment Date	Amount Paid

OTHER INFORMATION

Marketplace Insurance 1095-A? ☐ Yes ☐ No Amount:

Foreign Bank Account? ☐ Yes ☐ No Over $10k? ☐ Yes ☐ No

Foreign Investments? ☐ Yes ☐ No Amount:

Virtual Currency? (Bitcoin, etc.) ☐ Yes ☐ No Amount:

Child Tax Credit 2024 received? ☐ Yes ☐ No Amount: Children:

Be sure to have paid all your income tax liability by April 15; otherwise, penalties and interest will be charged by the IRS.