

## New Client Tax Organizer Personal Information

### Personal Information

	Name	SSN	Has IP PIN	Date of Birth
Taxpayer				
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
	Occupation	Daytime Phone	Evening Phone	Cell Phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

### Filing status at the end of 2023

- Single   
  Married   
  Widowed - If widowed and your spouse died after December 31, 2021, enter the date of death \_\_\_\_\_
- Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2023? \_\_\_\_\_

**Yes    No**

- Are you or your spouse blind?  
  Are you or your spouse disabled?  
  Are you or your spouse a full-time student?  
  Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?  
  At any time during 2023 did you:  
     (a) receive (as a reward, award, or payment for property or service) a digital asset?  
     (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

### Identification Information

**Taxpayer's type of photo ID**

- Driver's license     
  State-issued photo ID

Photo ID number \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

**Spouse's type of photo ID**

- Driver's license     
  State-issued photo ID

Photo ID number \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

### Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use this Account for	
			Checking	Savings	Deposits	Withdrawals

## Dependent and Other Information

### Dependent Information

First and Last Name SSN	Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full- time Student	Childcare Expenses

List dependents required to file a return \_\_\_\_\_

### Child and Other Dependent Care Expenses

Name of Care Provider	Address	SSN or EIN	Amount Paid

### Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from prior year	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____