

## 2024 Tax Organizer Personal Information

### Personal Information

|   |            |               |               |               |
|---|------------|---------------|---------------|---------------|
|   | Name       | SSN           | Has<br>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 2024

Single    Married    Widowed - If widowed and your spouse died after December 31, 2022, 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 2024? \_\_\_\_\_

### 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 2024 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<br>Routing Number | Bank<br>Account Number | Type of Account |         | Use this Account for |             |
|--------------|------------------------|------------------------|-----------------|---------|----------------------|-------------|
|              |                        |                        | Checking        | Savings | Deposits             | Withdrawals |
|              |                        |                        |                 |         |                      |             |
|              |                        |                        |                 |         |                      |             |

### Appointment Information

Your 2024 appointment is scheduled for \_\_\_\_\_

### Dependent and Other Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Dependent Information

| First and Last Name<br>SSN | Has<br>IP PIN | Relationship | Months<br>in<br>Home | Date of Birth | Disabled | Full-<br>time<br>Student | Childcare<br>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 2023 | _____     | _____  | _____          | _____  | _____         | _____  |
| First quarter                 | _____     | _____  | _____          | _____  | _____         | _____  |
| Second quarter                | _____     | _____  | _____          | _____  | _____         | _____  |
| Third quarter                 | _____     | _____  | _____          | _____  | _____         | _____  |
| Fourth quarter                | _____     | _____  | _____          | _____  | _____         | _____  |
| Additional payments           | _____     | _____  | _____          | _____  | _____         | _____  |