2022 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 2022

☐ Single ☐ Married ☐ Widowed - If widowed and your spouse died in 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 2022? _____

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 2022 did you:

(a) receive (as a reward, award, or payment for property or services) a digital asset

(b) sell, exchange, gift, or othersise 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

Appointment Information

Your 2022 appointment is scheduled for _____

TURN OVER

List Dependents & Estimated Taxes on the back of this page.

Dependent and Other Information

Name: SSN:

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 _____

Estimates

	Federal		Resident State		Resident City	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2021						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						