2020 Tax Organizer
Personal and Dependent Information

Personal Information

	Name	SSN	Has IP PIN	Date of birth
Taxpayer				
Spouse				

Street address, city, state, and ZIP

	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				

Taxpayer email	
Spouse email	

Marital Status at end of 2020

- ☐ Married
- ☐ Married filing separately
- ☐ Single
- ☐ Widow(er) — If spouse died in 2020 enter the date of death _____

Other information	Taxpayer		Spouse	
Are you blind?	☐ Yes	☐ No	☐ Yes	☐ No
Are you disabled?	☐ Yes	☐ No	☐ Yes	☐ No
Are you a full-time student?	☐ Yes	☐ No	☐ Yes	☐ No
Do you want $3 to go to the Presidential Election Campaign Fund?	☐ Yes	☐ No	☐ Yes	☐ No

At any time during 2020 did you receive, sell, send, exchange, or acquire any financial interest in any virtual currency? ☐ Yes ☐ No

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 _____

COVID-19 Implications

Yes	No	
☐	☐	Did you receive an Economic Impact Payment (EIP)?
		If "Yes," provide Notice 1444 and Notice 1444-B from the IRS.
☐	☐	Did you experience economic loss due to COVID-19 (loss of job, closed business, etc.)?
☐	☐	Were you unemployed for any portion of the year due to COVID-19?
☐	☐	Did you continue to receive wages from your employer even if you were unable to work?
☐	☐	Did you receive a distribution from a retirement plan (401K, IRA, etc.) due to COVID-19?
		If you own a farm or business:
☐	☐	Did you continue to pay any employee while they were not working?
☐	☐	Did you delay withholding FICA taxes from any employee's pay?
☐	☐	Did you receive a Paycheck Protection Program (PPP) loan?
		If "Yes," was the loan forgiven or have you applied for forgiveness? _____
☐	☐	Were you unable to work due to COVID-19 and, if employed by someone other than yourself, would have qualified for sick or family leave?

Appointment Information

Your 2020 appointment is scheduled for _____