2023 Tax Organizer Personal Information

Taxpayer Cocupation Daytime Phone Evening Phone Cell Phone	Personal Information											
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			Name			ss			Date of Birth			
Name of Bank Bank Bank Bank Street Account Information Savings Deposits Windra Value Deposits Deposits Deposits Windra Value Deposits Dep	Taxpayer											
Occupation Daytime Phone Evening Phone Cell Phone	Spouse											
Occupation Daytime Phone Evening Phone Cell Phone Taxpayer Spouse Taxpayer email Spouse email Filing status at the end of 2023 Spouse email Filing status at the end of 2023 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 bilind? Are you or your spouse a full-time student? Are you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund? At any time during 2023 did your (a) receive (as a reward, award, or payment for property or services) a digital asser? (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? Identification Information For payer's type of photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's lic	Name of pe	erson to whom all information should	be addressed, if not t	he taxpayer								
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Spouse email Filing status at the end of 2023	Spouse											
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 a full-time student? Do 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 services) a digital asset? (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? Identification Information Spouse's type of photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license State photo ID was issued Date photo ID was issued Date photo ID was issued Date photo ID expires Date photo ID exp	Taxpayer email											
Single Married Widowed - If widowed and your spouse died after December 31, 2021, enter the date of death Married filling separately - If married but filling separately, did you live apart from your spouse for the last six months of 2023? Yes No	Spouse email											
Name of Bank Routing Number Bank Account Number Checking Savings Deposits Withdra Appointment Information	Yes No											
Name of Bank Routing Number Account Number Checking Savings Deposits Withdra Appointment Information												
	Name of Bank					,						
Your 2023 appointment is scheduled for	Appointment Information											
	Your 2023 appointment is scheduled for											

Dependent and Other Information

Name:							SSN	l:		
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 fil	e a retum									
Estimates										
	Fed Date Paid	eral Amount	Resid	lent State	mount	F Date Pa	Resident ^{id}	City Amount		
Overpayment applied from 2022										
First quarter			-							
Second quarter			-							
Third quarter										
Fourth quarter		-	-							
Additional payments										