

Organizer #1 - Primary

Tax Year _____

Failure to provide ALL requested can cause delays and/or increased fees in your tax preparation.

TAXPAYER NAME (AS IT APPEARS ON SOCIAL SECURITY CARD)	LAST: _____
	FIRST: _____
	MIDDLE: _____
	SOCIAL SECURITY#: _____

BIRTHDATE: / /	PROFESSION/OCCUPATION:	
ADDRESS:		APT#:
CITY:	STATE:	ZIP:
COUNTY:	School District (if required on state tax return):	

CONTACT INFORMATION	PRIMARY #:
	OTHER #:
	EMAIL:

ON DECEMBER 31, YOUR LEGAL STATUS WAS:	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED (If NOT filing Jointly, please advise) <input type="checkbox"/> WIDOW/ER <input type="checkbox"/> RDP <input type="checkbox"/> LEGALLY SEPARATED
	If LEGALLY SEPARATED, did you live with your spouse at ANY time during the year? _____

IF YOU GET A REFUND, YOU WILL RECEIVE DIRECT DEPOSIT	BANK NAME:	
	ROUTING (ABA) #:	
	ACCOUNT #:	
	ACCOUNT TYPE:	CHECKING

- You MUST provide readable copy of your state issued picture ID/Driver License - *front & back*
- If your legal status on 12/31 was MARRIED, you MUST fill out ORGANIZER - SPOUSE