2020 New Client Tax Organizer
Personal and Dependent Information

Personal Information

	Name	SSN	Date of Birth
Taxpayer	Last Name, First Name MI	###-##-####	MM/DD/YYYY
Spouse	Last Name, First Name MI	###-##-####	MM/DD/YYYY
Address	Street, City, ST ZIP		

	Occupation	Email	Daytime Phone	Evening Phone	Cell Phone
Taxpayer			###-###-####	###-###-####	###-###-####
Spouse			###-###-####	###-###-####	###-###-####

Marital Status (end of 2020)

◯ Married ◯ Single

◯ Married Filing Separately ◯ Widow(-er); if spouse died in 2020, enter date of death: MM/DD/YYYY

Dependent Information

Full Name of Dependent	SSN	Date of Birth	Relationship	Months In Home	Disabled	Full-Time Student	Childcare Expenses
Last Name, First Name MI	###-##-####	MM/DD/YYYY	son/daughter/etc	#/12	Y/N	Y/N	$_____
Last Name, First Name MI	###-##-####	MM/DD/YYYY	son/daughter/etc	#/12	Y/N	Y/N	$_____
Last Name, First Name MI	###-##-####	MM/DD/YYYY	son/daughter/etc	#/12	Y/N	Y/N	$_____
Last Name, First Name MI	###-##-####	MM/DD/YYYY	son/daughter/etc	#/12	Y/N	Y/N	$_____
Last Name, First Name MI	###-##-####	MM/DD/YYYY	son/daughter/etc	#/12	Y/N	Y/N	$_____
Last Name, First Name MI	###-##-####	MM/DD/YYYY	son/daughter/etc	#/12	Y/N	Y/N	$_____

List dependents required to file a return: _____

COVID-19 Implications

◯ YES ◯ NO Did you receive a stimulus payment? Check all that apply. ◯ Distribution #1 ◯ Distribution #2

◯ YES ◯ NO Were you unemployed? If yes, please provide **1099-G**.

Account Information for Deposits/Withdrawals

Bank Name	Routing Number	Account Number	Checking?	Savings?	Use for Deposit?	Use for Withdrawal?
Primary Account	###########	###########	◯	◯	◯	◯
Secondary Account	###########	###########	◯	◯	◯	◯

Identification Information

Taxpayer Identification

Type of Photo ID	◯ Driver's License	◯ State-Issued Photo ID
ID Number	_____	_____
State issuing ID	_____	_____
Issued Date	MM/DD/YYYY	MM/DD/YYYY
Expiration Date	MM/DD/YYYY	MM/DD/YYYY

Spouse Identification

Type of Photo ID:	◯ Driver's License	◯ State-Issued Photo ID
ID Number	_____	_____
State issuing ID:	_____	_____
Issued Date	MM/DD/YYYY	MM/DD/YYYY
Expiration Date	MM/DD/YYYY	MM/DD/YYYY

Additional Information/Comments/Questions?