

Individual Tax Organizer

Personal Information

Taxpayer

First name	M.I.	Last name	Suffix	Date of birth	SSN or ITIN
Occupation			Email		Phone number
ID type	ID number	Issuing state	Issue date	Expiration date	
Street			City	State	ZIP Code

Spouse

First name	M.I.	Last name	Suffix	Date of birth	SSN or ITIN
Occupation			Email		Phone number
ID type	ID number	Issuing state	Issue date	Expiration date	

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying surviving spouse

Select all that apply	Taxpayer	Spouse
Legally blind	<input type="checkbox"/>	<input type="checkbox"/>
Permanently and totally disabled	<input type="checkbox"/>	<input type="checkbox"/>
Claimed as a dependent on another individual's tax return	<input type="checkbox"/>	<input type="checkbox"/>
Full-time student	<input type="checkbox"/>	<input type="checkbox"/>
Designate \$3 to the Presidential Election Campaign Fund	<input type="checkbox"/>	<input type="checkbox"/>
Spouse is not filing a tax return (MFS)		<input type="checkbox"/>
Spouse had no income (MFS)		<input type="checkbox"/>

Dependent Information

Name (first and last)	Relationship	Date of birth	SSN or ITIN	Months in home	Received income	Disabled	Full time student	Childcare expenses
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Refund preference

- Direct deposit
- Paper check

Balance due preference

- Bank draft
- Mail a check
- Credit card
- Payment plan

Banking information

Financial institution _____

Account holder _____

Routing number _____

Account number _____

Type of account Checking Savings

Personal or business Personal Business

Select if applicable to account: IRA Non-U.S.

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None apply

Life Events

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Changed marital status <input type="checkbox"/> Taxpayer, spouse, or a dependent changed their name with the SSA <input type="checkbox"/> Received notice or letter from the IRS or a state revenue agency <input type="checkbox"/> First time filing a tax return <input type="checkbox"/> Taxpayer, spouse, or a dependent passed away during the year | <ul style="list-style-type: none"> <input type="checkbox"/> Taxpayer, spouse, or a dependent received an identity protection PIN (IP PIN) from the IRS <input type="checkbox"/> Had a baby or adopted a child <input type="checkbox"/> Member of the Armed Forces
<i>Duty type</i> _____ <input type="checkbox"/> Changed address during the year |
|---|---|

None apply

Financial Events

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Bought, sold, or refinanced a home or rental property <input type="checkbox"/> Incurred property damage or theft caused by a federally declared disaster <input type="checkbox"/> Converted or rolled over any retirement accounts <input type="checkbox"/> Received, sold, exchanged, gifted or otherwise disposed of a digital asset | <ul style="list-style-type: none"> <input type="checkbox"/> Had a financial interest in or signature authority over a foreign account or trust
<input type="checkbox"/> <i>Combined value of foreign account(s) exceed \$10,000</i> <input type="checkbox"/> Gifted more than \$17,000 total to one or more individual(s) <input type="checkbox"/> Purchased health insurance through the Marketplace or a public exchange <input type="checkbox"/> Had health insurance coverage for the entire year (CA, DC, MA, NJ, and RI only) |
|--|---|

Income Sources

	Number of forms		Number of forms
<input type="checkbox"/> Employment (W-2)	_____	<input type="checkbox"/> Rent (1099-MISC)	_____
<input type="checkbox"/> Retirement distribution (1099-R)	_____	<input type="checkbox"/> Royalties (1099-MISC)	_____
<input type="checkbox"/> Social Security (SSA-1099)	_____	<input type="checkbox"/> ESA or 529 distribution (1099-Q)	_____
<input type="checkbox"/> Self-employment (1099-NEC or 1099-K)	_____	<input type="checkbox"/> HSA or MSA distribution (1099-SA)	_____
<input type="checkbox"/> State or local tax refund (1099-G)	_____	<input type="checkbox"/> Partnership (Schedule K-1)	_____
<input type="checkbox"/> Unemployment compensation (1099-G)	_____	<input type="checkbox"/> S-corporation (Schedule K-1)	_____
<input type="checkbox"/> Interest (1099-INT)	_____	<input type="checkbox"/> Estate or trust (Schedule K-1)	_____
<input type="checkbox"/> Dividends (1099-DIV)	_____	<input type="checkbox"/> Gambling (W-2G)	_____
<input type="checkbox"/> Sold stocks or investments (1099-B)	_____	<input type="checkbox"/> Farming	_____
<input type="checkbox"/> Canceled debt (1099-C)	_____	<input type="checkbox"/> Other income not listed above _____	_____

None apply

Adjustments and Credits

	Amount
<input type="checkbox"/> Higher education expenses	\$ _____
<input type="checkbox"/> Child or dependent care expenses	\$ _____
<input type="checkbox"/> HSA contributions	\$ _____
<input type="checkbox"/> IRA contributions	\$ _____
<input type="checkbox"/> Student loan interest	\$ _____
<input type="checkbox"/> Plug-in electric vehicle purchase <i>Vehicle year, make, and model</i> _____	\$ _____
<input type="checkbox"/> Adoption expenses	\$ _____
<input type="checkbox"/> Alimony paid <i>Date of divorce or separation</i> _____ <i>Recipient's SSN</i> _____	\$ _____
<input type="checkbox"/> Educator expenses	\$ _____
<input type="checkbox"/> Household employee expenses	\$ _____
<input type="checkbox"/> Energy-efficient home improvements	\$ _____
<input type="checkbox"/> Armed Forces moving expenses	\$ _____

Itemized Deductions

Medical and dental	
Medical and dental expenses	\$

Casualty and theft	
Casualty and theft losses	\$
<input type="checkbox"/> Check if caused by federally declared disaster	

Taxes paid	
State and local income taxes	\$
Sales taxes	\$
Real estate taxes	\$
Personal property taxes	\$

Gambling	
Gambling losses	\$

Interest paid	
Mortgage interest	\$

Other miscellaneous deductions	
	\$
	\$
	\$
	\$
	\$
	\$

Charitable contributions	
Donations to charity (cash)	\$
Donations to charity (non-cash)	\$

Estimated Taxes

Overpayments and estimated tax payments				
Description	Federal		State:	
	Date	Amount	Date	Amount
Prior year overpayment applied to current year				
First quarterly payment				
Second quarterly payment				
Third quarterly payment				
Fourth quarterly payment				
Additional payment(s)				