

# TAX ORGANIZER

## Basic Taxpayer Information

	First Name	Initial	Last Name	Suffix	Social Security No.
Taxpayer					
Spouse					
	Occupation	Date of Birth	Check if		
			Disabled	Blind	Dependent of Another
Taxpayer					
Spouse					
Street & Apt/Suite				Phone Res:	
City, State & Zip				Phone Work:	
Foreign country				Cell Phone:	
Foreign province					
Foreign postal code					
E-mail Address					
School District					
Filing Status	<input type="checkbox"/> 1 - Single; 2 - Married filing joint; 3 - Married filing separate; 4 - Head of Household; 5 - Qualifying Widower				

## Dependent Information

	First Name	Last Name	Social Sec. No.	Relationship	Months in home	Date of Birth	Disabled or full time student
1							
2							
3							
4							
5							
6							

## Wages and Salaries

	Employer Name	Wages	Federal Tax Withheld	FICA Withheld	Medicare Withheld	State Tax Withheld	Local Tax Withheld
1							
2							
3							
4							
5							
6							

## Pensions and IRAs

	Payer's Name	Gross Distribution	Taxable Distribution	Federal Tax Withheld	IRA
1					
2					
3					
4					

### Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign \_\_\_\_\_ Date \_\_\_\_\_  
 here \_\_\_\_\_ Date \_\_\_\_\_