

# PERSONAL INFORMATION ORGANIZER & DISCLOSURE STATEMENT

## 1. PERSONAL INFORMATION

Taxpayer Name	SSN OR ITIN	DATE OF BIRTH	DATE OF DEATH	OCCUPATION	BLIND <input type="checkbox"/>	DISABLED <input type="checkbox"/>	STUDENT? <input type="checkbox"/>
Spouse Name	SSN OR ITIN	DATE OF BIRTH	DATE OF DEATH	OCCUPATION	BLIND <input type="checkbox"/>	DISABLED <input type="checkbox"/>	STUDENT? <input type="checkbox"/>
Street Address & Apt #		City or Town		State	Zip Code	County	
Foreign Country		Foreign Province/State			Foreign Postal Code		
Email Address(es)			Phone #	Phone #			

## 2. FILING STATUS

<input type="checkbox"/> Single	<input type="checkbox"/> Check if parent (or someone else) can claim you as a dependent on their return
<input type="checkbox"/> Married Filing Joint	
<input type="checkbox"/> Married Filing Separate	<input type="checkbox"/> Check if you lived apart from your spouse for all of the year
<input type="checkbox"/> Head of Household	
<input type="checkbox"/> Qualifying Widower	Year Spouse Died: _____

## 3. DEPENDENTS

Name	Relationship	Date of Birth	SSN or ITIN	Months Lived With You?	Disabled?	Full Time Student?	Gross Income?	Child Care Expenses?

## 4. MISCELLANEOUS PERSONAL INFORMATION QUESTIONS

1. Do you wish to contribute \$3 to the Presidential Election campaign fun.	<input type="checkbox"/>	Taxpayer	<input type="checkbox"/>	Spouse
2. Were you a victim of identity theft and have you been contacted by the IRS? If yes, please furnish the 6-digit PIN issued to you by the IRS	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. Were you (or your spouse if filing jointly) a nonresident alien for any part of the year?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4. Did you or your spouse have any foreign bank accounts or assets?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5. Have you received any notices or correspondence from the IRS or state in the past 3 tax years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6. Do you have any children age 18 or under (or student under age 24 who had unearned income of more than \$2,100)? If yes, and your children are required to file a return, do you elect to report your child's interest and dividends on your return?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
7. Did you give a gift of more than \$14,000 to one or more people?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
8. Do you wish to have your refund/balance owed directly deposited/taken from your bank account?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Name(s) on bank account: _____ Bank Name: _____ Bank Routing Number: _____				
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				
Bank Account Number: _____				

## 5. DISCLOSURE STATEMENT

**I do hereby certify that all statements made by me in this application are true and correct to the best of my knowledge, information and belief, further, I understand that in the event that I have knowingly and willfully made any false statements, I will be liable for punishment in accordance with all applicable laws and statutes.**

\_\_\_\_\_  
Taxpayer's Name (Printed)

\_\_\_\_\_  
Spouse's Name (Printed)

\_\_\_\_\_  
Taxpayer's Signature      Date

\_\_\_\_\_  
Spouse's Signature      Date