

Personal Information

Taxpayer:	First Name	e and Initial		Last Nam	ne					Sc	cial Security	Number	—
	Occupatio	on		Date of E	Birth (Mo/Da/Y	/r) [Date of Deat	n (Mo/Da/Y					
		icense or State-Issued I	D Number		n Date (Mo/D		ssue Date (N		Sta	te	Doe	es not exp	oire
		Oriver's License	State-Issued ID	No	o Identificatio	n							
Spouse:	First Name	e and Initial		Last Nan	ne						cial Security	Number	_
;	Occupatio	on		Date of E	Birth (Mo/Da/Y	<u>(r)</u> [Date of Deat	n (Mo/Da/Y	r)		Doe	es not exp	nire
	Driver's Li	icense or State-Issued I	D Number	Expiratio	n Date (Mo/D	a/Yr) I	ssue Date (N	fo/Da/Yr)	Sta	te		20 1101 024	,,,,
		Oriver's License	State-Issued ID	No	o Identificatio	n							
Contact Information:	Street Add	dress								– Ap	artment Nun	nber	
	City				State					_ ZII	or Postal C	ode	
	Foreign Pr	rovince or County											
	Foreign Co	ountry											
	Taxpayer I	Daytime/Work Phone	Taxpayer Evening/Hom	ne Phone	Taxpayer F	oreign F	Phone						
	Taxpayer (Cell Phone	Taxpayer Fax Number		-								
	Spouse Da	aytime/Work Phone	Spouse Evening/Home	e Phone	Spouse Fo	reign Ph	one						
	Spouse Ce	ell Phone	Spouse Fax Number		-								
	Taxpayer I	Email Address											
	Spouse Er	mail Address											
	Preferred I	Method of Contact						·	Yes	No			
May the IRS or other taxing au									165	INO			
Is the taxpayer claimed as a de	epender	nt on someone els	se's tax return?					L	Тахра	aver	s	pouse	
									Yes	No	Yes		lo
Are you considered legally blin	nd per IF	RS regulations?						-	103	140	103	1	
Do you want to contribute to the													
Are you a U.S. citizen or Green												IL	
Personal Identification Numb	ers:	Code - 1 - Issue	d by IRS 2 - Issued by	y State or	City					\			
The IRS has recommended that filing security. If you would like have one but do not know the	an IP F	PIN for yourself, yo	our spouse, or your de	pendents (TS	State	City	C	ode	P	IN	

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
Α						
В						
С						
D						
E						
F						
G	·					
н	<u> </u>					

Did dependent have income over \$4,700?

			\forall	
	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
Α				
В				
С				
D				
Ε				
F				
G				
Н				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld						
			Federal	FICA/TIER 1	Medicare	State	Local		