2022 Tax Organizer Personal Information

Appears Single Married Widowed - If widowed and your spouse for the last six months of 2022?				Name			SSN	Has IP PIN	Dat	e of birth
Occupation Daytime phone Evening phone Cell phone Sire of address, city, state, and ZiP	axpayer								1	
Cocupation Daytime phone Evening phone Cell phone axpayer pouse axpayer email Daytime phone Daytime phone Evening phone Cell phone axpayer pouse Daxpayer email Dougle mail Illing status at the end of 2022 Single Married Married filing separately - if married but filing separately, did you live apart from your spouse for the last six months of 2022? Are you or your spouse blind? Are you or your spouse disabled? Are you or your spouse disabled? Are you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund? At any time during 2022 did you: (a) receive (as a revaid, award, or payment for property or services) a digital asset (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset) Jentification Information Xpayor's type of photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license Date photo ID was issued Le photo ID was issued Date photo ID was issued Date photo ID was issued Le photo ID was issued Date photo ID expires Leccount Information for Deposits and Withdrawals	pouse								1	
Occupation Daytime phone Evening phone Cell phone Daytime phone Evening phone Cell phone	ame of pe	rson to whom all info	rmation should i	oe addressed, if not	the taxpayer					
pouse	treet add	Iress, city, state, ar	nd ZIP			4-3-4- harris (1900)		7.7	-	
pouse			Occ	upation		Daytime phone	Evening phon	9	Cell p	hone
axpayer email pouse email itiling status at the end of 2022 Single Married Widowed - If widowed and your spouse died in 2022, enter the date of death Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2022? Are you or your spouse blind? Are you or your spouse disabled? Are you or your spouse at full-time student? Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund? At any time during 2022 did you: (a) receive (as a reward, award, or payment for property or services) a digital asset (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset) dentification Information Xpayer's type of photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license Date photo ID was issued Date photo ID was issued Date photo ID was issued Date photo ID expires Account Information for Deposits and Withdrawals Name of bank Bank	axpayer									
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Single Married Widowed - If widowed and your spouse died in 2022, enter the date of death Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2022?	pouse en	mail								
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Date photo ID expires Cocount Information for Deposits and Withdrawals Name of bank Bank routing number Bank account number Checking Savings Deposits Withdrawals	xpayer's Drive	Are you or your Are you or your Do you or your At any time dur (a) receive (a (b) sell, exchication Informa s type of photo I	spouse disable spouse a full spouse want ing 2022 did y as a reward, a ange, gift, or cotion	oled? -time student? to designate \$3 (/ou: ward, or paymen otherwise dispose	nt for property or ser e of a digital asset (rvices) a digital asset (or a financial interest in a Spouse's type of photo Driver's license	digital asset)	sued photo	ID	\$10,610 P
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Name:		Dependent a	and Other In	formatio	n			
Dependent Information	1						SSN	
First and last name		Has IP PIN	Relationship	Months	Date of birth	Disabled	Full- time	Childcare
SON		IP PIN		home	2400 01 241	Disabled	student	Expenses

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List dependents required to fi	ile a return							
Child and Other Depen	-	ses						
Name of care provider			Address			SSN or E	IN	Amount Paid
					WE SE			
			was with the same of the same					
						<u> </u>		
Estimates	Fede	ral		ident State		R	Resident	City
Overpayment applied rom 2021	Date paid	Amount	Date paid		mount	Date paid		Amount
First quarter								
Second quarter								
hird quarter								
Fourth quarter								
Additional payments			-			*****	 -	
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