

2018 Summary Organizer Personal and Dependent Information

Personal Information

	Name	SSN	Date of birth	Healthcare coverage ALL year
Taxpayer				
Spouse				
Street address, city, state, and ZIP				
	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Marital Status at end of 2018

- ☐ Married
☐ Married filing separately
☐ Single
☐ Widow(er)

If spouse died in 2018
enter the date of death _____

Are you blind?
 Are you disabled?
 Are you a full-time student?
 Do you want \$3 to go to the
 Presidential Election Campaign Fund?

Taxpayer

☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

Spouse

☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

Dependent Information

First and last name	SSN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Healthcare coverage ALL year

List dependents required to file a return _____

Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2017	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2018 appointment is scheduled for _____

Income

Name:SSN:

Wages & Salaries

Provide all copies of Form W-2

Employer name	2018 federal wages	2017 federal wages

Retirement

Provide all copies of Form 1099-R

Payer name	2018 distribution	2017 distribution

Form 1099-Misc Income

Provide all copies of Form 1099-MISC (* Also reported on Schedule C or E)

Payer name	2018 amount	2017 amount

Income

Name:

SSN:

Dividend Income

Provide all copies of Form 1099-DIV and other statements that report dividend income

[illegible]

Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income

[illegible]

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

