

## **2023 TAX ORGANIZER**

IMPORTANT: This document contains your personal information. Do not e-mail or digitally send this document to ANYONE. When you are ready to send it to our office, please contact us at +1 (814) 224-5196, and a staff member will provide you with a link to a secure portal.

lo help prevent identity theft, the IRS requires the following i	information.
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Occupation Driver's License # Issue Date  Phone DL State Expiration Date						
Phone DL State Expiration Date						
Spouse's Name Social Security # Birthdate						
Occupation Driver's License # Issue Date						
Phone DL State Expiration Date						
Street Address City						
State ZIP Municipality						
School District E-mail Address						
IMPORTANT: If you moved during 2023, please fill out the additional address fields on the next page.  Marital status at the end of 2023 - please check one.						
Marital status at the end of 2023 - please check one.						
Marital status at the end of 2023 - please check one.  Single Married Married Filing Separately Head of Household Widow(er)						
Marital status at the end of 2023 - please check one.  Single Married Married Filing Separately Head of Household Widow(er)  If Widow(er), please give the date of spouse's death here						
Marital status at the end of 2023 - please check one.  Single Married Married Filing Separately Head of Household Widow(er)  If Widow(er), please give the date of spouse's death here  I'm a dependent of  Name of parent/guardian/other  Please list any dependents you may have.	Months in					

P: +1 814-224-5196 F: +1 814-224-2113



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IMPORTANT: If you choose direct deposit, please provide a voice	Paper Check	ck Direct Deposit		
Routing #	Checking #			
Please answer the following questions At any time during 2023, did you: (a) receive (as a reward, award, or payr dispose of a digital asset (or a financia	nent for property or services); or	(b) sell, exchange, or otherwise	Yes	No
Did you receive a 1099K?			Yes	No
Did you receive a 1095A for health insurance? Please bring it with you.				No
Did you make estimated payments?			Yes	No
If so, please fill out the amounts below	(in USD).			
Federal	State	Local		
Additional Address(es) Street Address				
City, Sate, Zip		Date of Move		
Additional Address(es) Street Adderss				
City, State, Zip		Date of Move		
Additional Notes/Comments				
By signing this document, you are stating that al	l information is true and correct.			
Taxpayer's Signature		Date		
Spouse's Signature		Date		