2015 Tax Organizer Personal and Dependent Information

Name						SSN	Date	of Birth	Oc	cupation		Healthcare coverage ALL year
xpayer	,											
ouse												
	Daytime Phone	hone	one Email									
xpayer												
reet add	ress, city, state, and a	ZIP		-								
rital Stat	us at end of 2015			Тахр	ayer		Spo	ouse				
				│	s \square No	[Ye	s 🗌 No	You are	blind?		
Married Married filing separately				Yes		j	Ye	s No	You are	disabled?	•	
Single					s No		Ye	s No	You are	a full-time	student	
Widow(er), Date of Spouse's	Death		│ │ Ye	s \square No		Ye	s No		t \$3 to go		40
epend	ent Information								Presider	itial Elect	ion Camp Fu	ina ?
First and last name SSN			SSN	Relationship		Month in Hor		Date of Rirth	Disabled	Full- time	Required to file	Healthcare
						- " "	Onie			Student	a return	ALL year
-						_	\neg					
						_	7					
				-			-					
						_	-		-			+
Child a	nd Other Depend	lent Care Expense	es									
Name of care provider				Address						OF A		mount Paid
			7,7									
			-							-		
Other I	nformation											
	on to bring to your	appointment										
	of your 2014 income					Canceled efund or	chec	king or savin	gs slip (1	or direct	deposit or d	lebit of
		rms W-2, 1098s, 109				ocumen	tation	for proof of o	depender	ncy for ea	arned incom	e credit
		tatements (Forms 109			C) (school re	ecora	s, medical rec	corus, ua	lycale le	corus, etc.)	
7 You c	items that apply to can be claimed as a c s, explain	you, your spouse, o dependent by someor	r depende ne else	nt				come from or			reign countr	y į
Anoth	ner person qualifies to	o claim any dependen	t listed abo	ove				ncipal residen			donce durin	a 2015
1 Youh	have a child under 19 than \$1,900 of unea	or a full-time studen	t under 24	with				d or abandone canceled or t				ig 2015
		received hobby incor	me during 2	2015				in a bartering				
		n farming during 2015						t of more than				ople during
Your	received income from	n rental property durin	g 2015			ou paid	stude	ent loan intere	est during	2015		
_ durin	a 2015	n timber, minerals, oil,				You paid school d	tuitio uring :	n expenses re 2015	equired t	o attend	classes bey	ona nigh
7 Your	have a financial inter	est in or signature au gn country during 201	thority over	r a financi	al 🗌	You incu	rred a	loss due to				during 2015
1 Your	received a distribution trust during 2015	n from, were a granto	r of, or tran	sferor to				es to a house a notice from				