

2016 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 2016

- Married
 Married filing separately
 Single
 Widow(er), Date of Spouse's Death if deceased in 2016 _____

Taxpayer

- Yes No
 Yes No
 Yes No
 Yes No

Spouse

- Yes No Are you blind?
 Yes No Are you disabled?
 Yes No Are you a full-time student?
 Yes No Do you want \$3 to go to the Presidential Election Campaign Fund?

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 2015	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

Appointment Information & Notes

Your 2016 appointment is scheduled for _____

Notes _____