ORGANIZER		1			<u>, </u>				
2016	1040	US	Client Information		1				
	Accou PO Box	inting No	ointment						
	Telepho Fax nur	nd, ID 83619 one numbe mber: address:	9-0007 r: (208)452-1234 (208)452-4560 Rick@AccountingNW.com	Date: Time: Location:					
This tax organizer will assist you in gathering information necessary for the preparation of your 2016 tax return. Please add, change, or delete information as appropriate. CLIENT INFORMATION									
CLIEN	II INFOR	MOLIAM							
Filing Status	1=married	filing separate	e and lived with spouselifying widow(er) (2014 or 2015)						
Taxpayer	First name Last name Title/suffix Social secunoccupation Date of bir Date of deal	e and initial			Filing Status 1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)				
Spouse	Last name Last name Title/suffix Social seco Occupation Date of bir Date of de	urity number th (m/d/y)							
Address	Street add Apartment City State ZIP code Region	ressnumber							
Foreign Address		e							

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2016	1040	US	Client Information (continued)	1 p2					
Please add, change or delete information for 2016.									
CLIENT INFORMATION									
Taxpayer Contact Information	Work phon Work exter Daytime pho Mobile pho Fax number	nensionnone (table)	Daytim 1 = V 2 = H 3 = N	e Phone Vork Home Mobile					
Spouse Contact Information	Home phore Work phone Work exter Daytime phore Mobile phore Fax number	ressenensionnone (table)nene							
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Spouse Authenticatior	Driver's lic Driver's lic Expiration Issue date	ense no ense state date (m/d/y) (m/d/y) ection PIN							
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