ORGANIZER	1040	HC	Client Information		1
2020	1040	US	Client Information		1
	5464 Ba La Mesa Telepho Fax nui E-mail a	altimore Dr a, CA 9194 one numbe mber: address: tax organiz		Tax Return App Date: Time: Location: rmation necessary for the parties the parties and the parties are parties as appropriate the parties and the parties are parties and the parties are parties and the parties are parties are parties and the parties are pa	preparation
CLIEN	NT INFOR	RMATION			
Filing Status	1=married	filing separate	e and lived with spouse lifying widow(er) (2018 or 2019)		Filing Status
Taxpayer	First name Last name Title/suffix Social secu Occupation Date of bir Date of dea	and initial urity number. n th (m/d/y)			1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)
Spouse	First name Last name Title/suffix Social secu Occupation Date of bir Date of dea	and initial			
Address	In care of. Street addr Apartment City State	ressnumber			
Foreign Address	Postal code	e			

1

2020	1040	US	Client Information (continued)		1 _{p2}						
Please add, change or delete information for 2020.											
CLIENT INFORMATION											
Taxpayer Contact Information		ne									
	Work phone			_ Daytime Phor							
				1 = W	ork						
	Daytime phone (table) Mobile phone			2 = Home 3 = Mobile							
	Fax number										
	E-mail address										
	Home phor	ne									
Spouse Contact		e									
		nsion									
Information		none (table)									
		ne er									
		ress									
		ense no									
_	Driver's lice	ense state									
Taxpayer Authenticatior		(m/d/y)									
		date (m/d/y)									
		ction PIN									
		ense no									
Spouse	1	ense state (m/d/y)									
Authentication		date (m/d/y)									
		ction PIN									
	•										