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## 2020 PERSONAL TAX ORGANIZER

(DO NOT USE CENTS ONLY DOLLARS)

YOUR NAME:

SPOUSE'S NAME:

ADDRESS:

CITY, STATE, ZIP:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

HOME PHONE:

WORK PHONE:

CELL PHONE:

FAX NUMBER:

E MAIL ADDRESS:

SPOUSE DATE OF BIRTH:

SPOUSE SOCIAL SECURITY NUMBER:

SPOUSE WORK PHONE:

SPOUSE CELL PHONE:

SPOUSE E MAIL ADDRESS

OCCUPATION:

ARIZONA RESIDENT IN 2020 FOR \_\_\_\_\_ MONTHS

SPOUSE OCCUPATION:

SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_

DATE \_\_\_\_\_

EMAIL DATE

EMAIL DATE

EMAIL DATE

EMAIL DATE

EMAIL DATE

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### CHILDREN AND DEPENDENTS: (WRITE SAME IF SAME AS LAST YEAR)

COMPLETE NAME (FIRST AND LAST)	SOCIAL SECURITY NUMBER	CHILD'S RELATION TO YOU	DATE OF BIRTH	CHILD'S INCOME IN 2020	# MONTHS LIVED WITH YOU IN 2020	# MONTHS CHILD WAS A STUDENT IN 2020
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

LIST PARENTS OR ANCESTORS THAT HAVE LIVED IN YOUR HOUSE THE ENTIRE YEAR THAT ARE AT LEAST AGE 65

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### ESTIMATED TAX PAYMENTS AND EXTENSION PAYMENTS:

<b>FEDERAL:</b>	AMOUNT OF 2019 REFUND APPLIED TO 2020 ESTIMATED TAX PAYMENT				_____		
DATE PAID	_____	AMOUNT	_____	DATE PAID	_____	AMOUNT	_____
DATE PAID	_____	AMOUNT	_____	DATE PAID	_____	AMOUNT	_____
<b>STATE:</b>	AMOUNT OF 2019 REFUND APPLIED TO 2020 ESTIMATED TAX PAYMENT				_____		
DATE PAID	_____	AMOUNT	_____	DATE PAID	_____	AMOUNT	_____
DATE PAID	_____	AMOUNT	_____	DATE PAID	_____	AMOUNT	_____
AMOUNT PAID WITH FEDERAL EXTENSION	_____			AMOUNT PAID WITH STATE EXTENSION	_____		