

PERSONAL INFORMATION

TAXPAYER

Social Security Number		Birthdate		Deceased		
First Name					Initial	
Last Name					Suffix	
Occupation		Dependent on another return?		Blind		Disabled
Filing Status (1=Single, 2=Married, 3=MFS, 4=HOH, 5=Widow)		Home Phone		Work Phone		
E-Mail Address				TP Cell Phone		
Check this box if married filing separately and you lived with spouse at any time during the tax year ()						
If so, did you live together during the last six months? ()						

SPOUSE

Social Security Number		Birthdate		Deceased		
First Name					Initial	
Last Name					Suffix	
Occupation		Dependent on another return?		Blind		Disabled

ADDRESS

In Care Of					
U.S./Foreign Street Address				Apt. #	
City			State		Zip

DEPENDENTS

*1 - Dependent lived with taxpayer
 2 - Dependent did not live with taxpayer
 3 - Dependent is taxpayer's parent 4 - Other dependent

First Name	Last Name	Birthdate	SSN	Relationship	# of Months	*Dep code	EIC	Dep. Care