

BASIC INFORMATION

Personal Information

	Taxpayer	Spouse
Last Name	_____	_____
First Name	_____	_____
Middle initial, suffix	M.I. _____ Suffix _____	M.I. _____ Suffix _____
Social Security No.	_____	_____
Occupation	_____	_____
Daytime phone	_____	_____
Cell phone	_____	_____
email address	_____	_____
Date of Birth	_____	_____
Blind?	Yes _____ No _____	Yes _____ No _____
Contribute to Pres. Election Fund?	Yes _____ No _____	Yes _____ No _____
Eligible to be claimed as a dependent on another return?	Yes _____ No _____	Yes _____ No _____
Active military?	Yes _____ No _____	Yes _____ No _____

Street address . . . _____ Apt. No. _____
 City _____ State . . _____ Zip Code _____
 Home phone _____ Fax _____

Filing Status

Single
 Married Filing Jointly
 Married Filing Separately
 Head of Household
 Qualifying Widow(er)

Dependent Information

	Dependent #1	Dependent #2
Name	_____	_____
Date of Birth	_____	_____
Social Security No.	_____	_____
Relationship	_____	_____
# Months Lived in Home	_____	_____
	Dependent #3	Dependent #4
Name	_____	_____
Date of Birth	_____	_____
Social Security No.	_____	_____
Relationship	_____	_____
# Months Lived in Home	_____	_____