

Personal Information

Taxpayer Information

Last Name: _____
 First Name: _____
 Middle initial/Suffix _____
 Social Security #: _____
 Birth Date: _____
 Legally blind: ___ Permanently disabled: ___
 Occupation: _____
 E-mail address: _____
 Work Phone: _____
 Cell Phone: _____
 Home Phone: _____

Required Identity Verification: (Send copy or fill in)

Driver's License/ID issuing State: _____
 License/ID number: _____
 License/ID Issue Date: _____
 License/ID Expiration Date: _____
 (For NY residents, need first 3 characters from back of
 your license) _____

Spouse Information

Last Name: _____
 First Name: _____
 Middle initial/Suffix _____
 Social Security #: _____
 Birth Date: _____
 Legally blind: ___ Permanently disabled: ___
 Occupation: _____
 E-mail address: _____
 Work Phone: _____
 Cell phone: _____

Required Identity Verification: (Send copy or fill in)

Driver's License/ID issuing State: _____
 License/ID number: _____
 License/ID Issue Date: _____
 License/ID Expiration Date: _____
 (For NY residents, need first 3 characters from back of
 your license) _____

Please provide Identity Theft Protection PIN and all related correspondence for all family members if your case was resolved.

Address:

Street Address: _____ Apt # _____
 City: _____ State: _____ Zip: _____

Marital Status Changes:

Did you experience a marriage, death, separation, or divorce during the year?

___ NO ___ YES If yes, please explain and include name(s) and date(s):

Did you or your spouse work outside of the United States at any time during the year? ___ NO ___ YES

If, YES, please provide travel dates and any income earned overseas.

Children & Dependents Worksheet

Dependents (Confirmed each year):

(2 forms of ID are needed – Copies of Birth Certificate, Social Security card, School Record, or Medical Record)

NOTE: Your child is usually your dependent even if he/she is away from the home for college.

First Name: _____ Last Name: _____ Middle initial/Suffix _____ Social Security #: _____ Birth Date: _____ Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Permanently disabled: <input type="checkbox"/>	First Name: _____ Last Name: _____ Middle initial/Suffix _____ Social Security #: _____ Birth Date: _____ Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Permanently disabled: <input type="checkbox"/>
First Name: _____ Last Name: _____ Middle initial/Suffix _____ Social Security #: _____ Birth Date: _____ Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Permanently disabled: <input type="checkbox"/>	First Name: _____ Last Name: _____ Middle initial/Suffix _____ Social Security #: _____ Birth Date: _____ Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Permanently disabled: <input type="checkbox"/>

Certain relatives may qualify as dependents even if they do not live with you.

Were you involved in an adoption during the year? NO YES If yes, please include the date of the adoption, date(s) and amount(s) of any related expenses, and any special needs certification.

Child Care Costs for children up to age 13 or permanently disabled*

Child	Expenses Incurred While You/Spouse Worked	Child Care Provided by Employer	Name & Address of Care Provider	Social Security # OR EIN of Provider

*** Please include a copy of the annual statement from your child-care provider.**

Personal Information (cont.)

Resident taxing city: _____

Resident school district: _____

Resident county: _____

Work city: Taxpayer _____ Spouse _____

Work county: Taxpayer _____ Spouse _____

Refunds are generally direct deposited to your bank account on file. **We need to verify banking information every year.** Taxes owed can also be deducted on request. Some estimated tax payments can be paid by auto-pay or online. Direct Deposit is safer and faster. Please provide your banking info even if we already have it on file.

Type of Account: Checking Savings

Bank Routing #: _____

Bank Account #: _____

Name of Bank _____

Moved during year? ___NO ___YES

	Old Home	New address, city & State
Location		
Date Moved Out/In		