

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: _____

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) _____

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: ___ Son ___ Daughter
 ___ Other
 Marital Status: ___ Single ___ Married
 Permanently disabled: ___

First Name: _____
 Last Name: _____
 Middle initial/Suffix _____
 Social Security #: _____
 Birth Date: _____
 Relationship: ___ Son ___ Daughter
 ___ Other
 Marital Status: ___ Single ___ Married
 Permanently disabled: ___

First Name: _____
 Last Name: _____
 Middle initial/Suffix _____
 Social Security #: _____
 Birth Date: _____
 Relationship: ___ Son ___ Daughter
 ___ Other
 Marital Status: ___ Single ___ Married
 Permanently disabled: ___

First Name: _____
 Last Name: _____
 Middle initial/Suffix _____
 Social Security #: _____
 Birth Date: _____
 Relationship: ___ Son ___ Daughter
 ___ Other
 Marital Status: ___ Single ___ Married
 Permanently disabled: ___

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		