

General Information

Taxpayer's First Name	M.I.	Spouse's First Name	M.I.
Taxpayer's Last Name	Suffix	Spouse's Last Name (if different)	
Taxpayer's Social Security Number		Spouse's Social Security Number	
Taxpayer's Date of Birth		Spouse's Date of Birth	
Present Home Address	City, State, Zip Code		
E-Mail Address			

Filing Status: Please Check One

<input type="checkbox"/>	Single	
<input type="checkbox"/>	Married Filing Joint	**If you moved during the year, please provide your previous address
<input type="checkbox"/>	Married Filing Separately	Previous Home Address
<input type="checkbox"/>	Head of Household	
<input type="checkbox"/>	Qualifying Widow(er)	City, State, Zip Code

If you selected head of household and have no dependents, please list the following information of your qualifying child who lives with you and qualifies you for this status.

Name _____ Social Security Number _____

Dependents

First Name	Last Name	Date of Birth	Social Security Number	Relationship	Months in home
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If you are claiming as a dependent a child who did not live with you, check the documents that substantiate this claim:

- Pre-1985 divorce or separation agreement
- Post-1984 divorce or separation agreement WITHOUT CONDITIONS
- Signed Form 8332

Taxpayer's Occupation _____	Spouse's Occupation _____
Daytime Phone _____	Daytime Phone _____
Evening Phone _____	Evening Phone _____
Cell Phone _____	Cell Phone _____

Please use the following space for any comments you wish to make to your preparer.

Other Income and Adjustments and Estimated Taxes Paid for the TAX YEAR: _____

Other Income	Taxpayer \$	Spouse \$
State and local income tax refunds received in the tax year		
State or local jurisdiction _____	_____	_____
State or local jurisdiction _____	_____	_____
State or local jurisdiction _____	_____	_____
Unemployment		
Amount received _____	_____	_____
Amount repaid _____	_____	_____
Alimony received _____	_____	_____
Other income		
Type _____	_____	_____
Type _____	_____	_____

Adjustments	Taxpayer \$	Spouse \$
Educator expense _____	_____	_____
Self-employed retirement plans _____	_____	_____
Self-employed health insurance paid _____	_____	_____
IRA's		
Traditional _____	_____	_____
Roth _____	_____	_____
Student Loan Interest _____	_____	_____
Alimony Paid		
To whom paid: _____	_____	_____
Social Security Number: _____	_____	_____
Tuition and fees _____	_____	_____
Other adjustments		
Type _____	_____	_____
Type _____	_____	_____

Estimated Tax Paid for the TAX YEAR

*Please enter only the payments to be applied to the TAX YEAR, including any payments made in January of this year.

Federal Payments		State of _____ payments	
Date Paid	Amount Paid	Date Paid	Amount Paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State/local income tax balance due for the previous years paid in the TAX YEAR _____

State/local estimate payment for PRIOR TAX YEAR, due January 15 of CURRENT TAX YEAR, paid on or after January 1 _____

Child and Dependent Care Expenses - TAX YEAR: _____

Please list all care providers and the amounts paid to them in the TAX YEAR.

Name of provider _____
Street address _____
City, State, Zip Code _____
Social Security Number or EIN _____
Amount paid \$ _____

Name of provider _____
Street address _____
City, State, Zip Code _____
Social Security Number or EIN _____
Amount paid \$ _____

Name of provider _____
Street address _____
City, State, Zip Code _____
Social Security Number or EIN _____
Amount paid \$ _____

List the name of each child and the total amount spent for care for that child

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____