

Taxpayer Information

Full Name: _____
Last First M.I.

Social Security # _____ Date of Birth: _____ Occupation: _____

Cell Phone: _____ Email: _____

Health Insurance: Yes No Part of the Year Disabled: Yes Blind: Yes Date of Death: _____

Spouse Information

Full Name: _____
Last First M.I.

Social Security # _____ Date of Birth: _____ Occupation: _____

Cell Phone: _____ Email: _____

Health Insurance: Yes No Part of the Year Disabled: Yes Blind: Yes Date of Death: _____

General Information

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Home Phone: _____

Filing Status: Single Married Separated Head of Household Widowed in last 2 years

Check all of the following that pertain to you: Own Home Rent home or apartment

Self Employed Rental Income Interest or Dividend Social Security Benefits Unemployment Pension

Children/Dependent Information

Full Name:	SSN:	Relationship:	Birth Date:	Child Care	Health Insurance	Months in Home

Child Care Providers Information

Name:	Address:	ID#	Amount Paid

Refund / Balance Due Preferences

Refund Preference: Direct Deposit Check by Mail Refund Transfer

Balance Due Preference: Mail Voucher Direct Debit

If you selected Direct Deposit or Direct Debit, please fill out the bank information below:

Name of Bank: _____ Account Type: Checking or Savings

Routing Number: _____ Account Number: _____

Please Sign

 Taxpayer Signature Date Spouse Signature Date