

**Taxpayer Information**

Full Name: \_\_\_\_\_  
Last First M.I.  
 Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Blind:  Yes Disabled:  Yes Date of Death: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**Spouse Information**

Full Name: \_\_\_\_\_  
Last First M.I.  
 Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Blind:  Yes Disabled:  Yes Date of Death: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**General Information**

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code  
 Home Phone: ( ) \_\_\_\_\_

**Filing Status:**  Single  Married  Separated  Head of Household  Widowed in 2008 or 2009  
**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:	Months in Home
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	

**Child Care Providers Information**

Name:	Address:	ID#	Amount Paid

**Refund / Balance Due Preferences**

**Refund Preference:**  Direct Deposit  Check by Mail  RAL  RT  
**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