

# PERSONAL INFORMATION

*Please fill in the following information about the taxpayer, spouse and dependents*

## Filing Status:

Single     
  Married     
  Married Filing Separate     
  Head of Household

## Taxpayer & Spouse Information:

	Taxpayer		Spouse	
	Yes	No	Yes	No
Disabled				
First Name				
Middle Initial				
Last Name				
Occupation				
Social Security #				
Date of Birth				
Work Phone				
Home Phone				
Cell Phone				
Fax				
e-Mail				
<b>Home Address</b>				
Street				
City, State, Zip				
<b>Mailing Address (if different)</b>				
Street				
City, State, Zip				

## Dependent Information:

Name	Date of Birth	Social Security #	Relationship	# Months at Home	Full-time Student?	Disabled?