

PERSONAL INFORMATION

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

Filing Status (circle one):		
Single	Married	Married Filing Separate
		Head of Household
Taxpayer & Spouse Information:		
	Taxpayer	Spouse
First Name		
Middle Initial		
Last Name		
e-Mail		
Cell Phone		
Tax Return Address		
Street		
City, State, Zip		
Mailing Address (if different)		
Street		
City, State, Zip		
Home Phone		

Social Security #		
Date of Birth		
Occupation		
Fax		
Disabled	Yes No	Yes No

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