

GENERAL INFORMATION

(MAIN INFO)

Taxpayer's First Name _____ M.I. _____ Spouse's First Name _____ Spouse's M.I. _____

Taxpayer's Last Name _____ Suffix _____ Spouse's Last Name (if different) _____

Taxpayer's Social Security Number _____ Spouse's Social Security Number _____

Present Home Address _____ City, State, Zip Code _____

E-Mail Address _____

Filing Status: Please Check One

- Single Married Filing Joint Married Filing Separately Head of Household Qualifying Widow(er)

If you selected status 4 and have no dependents, list the name _____ and Social Security number _____ of the child who lives with you and qualifies for this status.

Dependents/Non Dependents Qualifying for Child Care and/or EIC

Note: If any dependent(s) listed below are non dependents then mark an 'X' in column listed "Non Dep."

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

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 Signed Form 8332
 Post- 1984 divorce or separation agreement WITHOUT CONDITIONS Signed Form 2120

Taxpayer's Birthdate _____ Spouse's Birthdate _____

Taxpayer's Occupation _____ Spouse's Occupation _____

Daytime Phone _____ Daytime Phone _____

Evening Phone _____ Evening Phone _____

Cell/FAX Phone _____ Cell/FAX Phone _____

State of Residency:(2- Letter Abbreviation) _____ State of Part- year Residency _____ 2nd State of Part- year Residency _____

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

Questions? Contact our Taxpayer Support Hotline at 1-800-759-6854.