

Taxpayer Information:

Please write clearly to avoid any delays in processing.

Name: _____ SSN: _____-_____-_____

Date of Birth: ____/____/_____

Day Phone #: (____) _____-_____ Evening #: (____) _____-_____

Please check one of the above phone numbers for us to contact if we have any questions.

Address: Street # _____ Street Name _____

City: _____ State: _____ Zip: _____

Single or Head of Household Married Married filing separately

Spouse Information:

Name: _____ SSN: _____-_____-_____

Date of Birth: ____/____/_____

Day Phone #: (____) _____-_____ Evening#: (____) _____-_____

Child/Dependent # 1

(Additional dependents enter on page 2)

Name: _____

SSN: _____-_____-_____

DOB: ____/____/_____

Check One:

- Son
- Daughter
- Parent
- Grandparent
- Grandchild
- Foster child
- Brother
- Sister
- Niece
- Nephew
- Aunt
- Uncle
- Other

Check One:

- Dependent child who lives with you
- Dependent child lives apart separation/divorce
- Dependent not your child but lives with you
- Non-dependent child who lives with you

Child/Dependent # 1

(Additional dependents enter on page 2)

Name: _____

SSN: _____-_____-_____

DOB: ____/____/_____

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- Son
- Daughter
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Do you have dependant care expenses? Yes No

Child Care Provider info: Name: _____

Address: _____ City: _____ State: _____ Zip: _____

EIN or SSN: _____ Amount Paid: \$ _____

