

**REQUIRED FORM**

D`YUg`Y`YWfcb]WU`miz` `]b`zY`XgzH`Yb`df]bhUbX`Vf]b[ `rc`mci`f`Uddc]bha`Ybh

**Personal Information**

**Tax Year** \_\_\_\_\_

\_\_\_\_\_  
**Name** (Husband or Single Filer)

\_\_\_\_\_  
**S. S. Number**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Work Phone (His)**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Occupation**

\_\_\_\_\_  
**Cell Phone (His)**

\_\_\_\_\_  
**Name** (Wife)

\_\_\_\_\_  
**S. S. Number**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Work Phone (Her)**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Occupation**

\_\_\_\_\_  
**Cell Phone (Her)**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Home Phone**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**ZIP**

Is it possible that another taxpayer could claim any dependent? YES NO

**Dependents**

**At Any time during Tax Year Listed Above:**

Months in Home	Child is disabled?	Childcare Expense?	Child have a job?	Child have OTHER income?	Is Child in College?
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\_\_\_\_\_  
**Dependent Name**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**S. S. Number**

\_\_\_\_\_  
**Date of Birth**

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\_\_\_\_\_  
**Dependent Name**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**S. S. Number**

\_\_\_\_\_  
**Date of Birth**

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\_\_\_\_\_  
**Dependent Name**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**S. S. Number**

\_\_\_\_\_  
**Date of Birth**

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\_\_\_\_\_  
**Dependent Name**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**S. S. Number**

\_\_\_\_\_  
**Date of Birth**

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**INCOME - Bring Detailed Information**

**Salary, Wages, Pension, Annuity, IRA Withdrawals**

(Attach or bring all W-2's and 1099's)

**Interest and Dividends**

(Attach or bring all 1099's - Very Important)

**Small Business and/or Rental Income**

(Please complete applicable worksheet)

**Alimony Received:**

\$ \_\_\_\_\_

**Capital Gains or Losses**

**Other Income**

(Jury Duty, Settlements, Etc.)

**Description**

**Amount**

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

**REMARKS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_