



Please answer all of the following and bring this form with you to your tax appointment.

SELF

SPOUSE

Name _____ **Name** _____

Occupation _____ **Occupation** _____

SSN _____ **Date of Birth** _____ **SSN** _____ **Date of Birth** _____

Drivers License # _____ **State** _____ **Drivers License #** _____ **State** _____

Home Ph _____ **Disabled Yes / No** _____ **Home Ph** _____ **Disabled Yes / No** _____

Work Phone _____ **Blind Yes / No** _____ **Work Phone** _____ **Blind Yes / No** _____

Cell Phone _____ **Fax** _____ **Cell Phone** _____ **Fax** _____

Email _____ **Email** _____

Present Address _____ **City** _____ **State** _____ **Zip Code** _____

Address on Last Years Tax Return _____ **City** _____ **State** _____ **Zip Code** _____

If your spouse died during the year please enter the date _____

Did you and your spouse live apart for the entire year? Yes / No

Dependents:

Name _____ **SSN** _____ **Date of Birth** _____ **Number of Months They Lived in Your Home** _____

Relationship to You: Son / Daughter / Parent / Sister / Brother / Grandparent / Niece / Nephew / Aunt / Uncle

Were they age 19-23 and a student? Yes / No Were there College Education Expenses? Yes / No How Much? _____

Were They Disabled? Yes / No

Name _____ **SSN** _____ **Date of Birth** _____ **Number of Months They Lived in Your Home** _____

Relationship to You: Son / Daughter / Parent / Sister / Brother / Grandparent / Niece / Nephew / Aunt / Uncle

Were they age 19-23 and a student? Yes / No Were there College Education Expenses? Yes / No How Much? _____

Were They Disabled? Yes / No

Name _____ **SSN** _____ **Date of Birth** _____ **Number of Months They Lived in Your Home** _____

Relationship to You: Son / Daughter / Parent / Sister / Brother / Grandparent / Niece / Nephew / Aunt / Uncle

Were they age 19-23 and a student? Yes / No Were there College Education Expenses? Yes / No How Much? _____

Were They Disabled? Yes / No