

Taxpayer Information Worksheet

REFERRED BY: _____

<p>Taxpayer:</p> <p>Last Name..... _____</p> <p>First Name..... _____</p> <p>Middle Initial..... _____</p> <p>Social Security #... _____</p> <p>Occupation _____</p> <p>Date of Birth..... _____ (mm/dd/yyyy)</p> <p>Email Address.... _____</p> <p>HOME# : _____ MOBILE # : _____</p> <p>WORK# : _____</p> <p>Driver's License# _____ State: _____</p> <p>FULL Issue Date: _____ FULL Exp. Date: _____</p>	<p>Spouse:</p> <p>Last Name..... _____</p> <p>First Name..... _____</p> <p>Middle Initial..... _____</p> <p>Social Security #... _____</p> <p>Occupation _____</p> <p>Date of Birth..... _____ (mm/dd/yyyy)</p> <p>Email Address.... _____</p> <p>MOBILE# : _____ WORK# : _____</p> <p>Driver's License# _____ State: _____</p> <p>FULL Issue Date: _____ FULL Exp. Date: _____</p>
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Address..... _____ Apt# _____

City..... _____ State _____ Zip Code _____

FEDERAL FILING STATUS

- Single
- Married filing jointly
- Married filing separately
- Taxpayer **did not** live with spouse at any time during the year Taxpayer is eligible to claim spouse's exemption
- Head of household – *If the qualifying person is a child but not a dependent*
- Childs Name _____ Childs Social Security #..... _____
- Qualifying Widow(er) _____ Year Spouse Died _____

DEPENDENT INFORMATION

<p>Dependent #1</p> <p>First Name..... _____</p> <p>Last Name..... _____</p> <p>MI _____</p> <p>Social Security # _____</p> <p>Relationship _____</p> <p>Date of Birth _____</p> <p>Qualified child Care Expenses \$ _____</p>	<p>Dependent #2</p> <p>First Name..... _____</p> <p>Last Name..... _____</p> <p>MI _____</p> <p>Social Security # _____</p> <p>Relationship _____</p> <p>Date of Birth _____</p> <p>Qualified child Care Expenses \$ _____</p>	<p>Dependent #3</p> <p>First Name..... _____</p> <p>Last Name..... _____</p> <p>MI _____</p> <p>Social Security # _____</p> <p>Relationship _____</p> <p>Date of Birth _____</p> <p>Qualified child Care Expenses \$ _____</p>
<p>Dependent #4</p> <p>First Name..... _____</p> <p>Last Name..... _____</p> <p>MI _____</p> <p>Social Security # _____</p> <p>Relationship _____</p> <p>Date of Birth _____</p> <p>Qualified child Care Expenses \$ _____</p>	<p>Dependent #5</p> <p>First Name..... _____</p> <p>Last Name..... _____</p> <p>MI _____</p> <p>Social Security # _____</p> <p>Relationship _____</p> <p>Date of Birth _____</p> <p>Qualified child Care Expenses \$ _____</p>	<p>Dependent #6</p> <p>First Name..... _____</p> <p>Last Name..... _____</p> <p>MI _____</p> <p>Social Security # _____</p> <p>Relationship _____</p> <p>Date of Birth _____</p> <p>Qualified child Care Expenses \$ _____</p>

DIRECT DEPOSIT OF REFUND

Checking Savings

Bank Name ... _____ Routing # ... _____ Account # ... _____