

# Taxpayer Information Worksheet

REFERRED BY: \_\_\_\_\_

<p><b>Taxpayer:</b></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><b>Spouse:</b></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><b>Dependent #1</b></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><b>Dependent #2</b></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><b>Dependent #3</b></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><b>Dependent #4</b></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><b>Dependent #5</b></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><b>Dependent #6</b></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

Direct Deposit?      Direct Debit?

Bank Name ... \_\_\_\_\_ Routing # ... \_\_\_\_\_ Account # ... \_\_\_\_\_