

Preparer use only EIC Y/N TP is dependent: Y/N Prior/New Filing Status: S MFJ MFS HH QW

General Information

Important: The name must match the name on the social security card. If its incorrect it can delay your tax filing.

Taxpayer: \_\_\_\_\_  
 SSN First Name MI Last Name Date of Birth Occupation

Taxpayer: \_\_\_\_\_  
 SSN First Name MI Last Name Date of Birth Occupation

Address: \_\_\_\_\_  
 Mailing Address Apt. # City State Zip Code

Primary # (\_\_\_\_) - \_\_\_\_\_ Work (\_\_\_\_) - \_\_\_\_\_ Email: \_\_\_\_\_

	Yes	No
Are you a dependant of another person?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your dependents blind or otherwise disabled?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive self-employment income or work as an independent contractor?	<input type="checkbox"/>	<input type="checkbox"/>

Dependent Information First Name – Last Name (Exactly as shown on each dependent’s Social Security Card)	Social Security Number	Dependent’s Relationship to you	# of Months dependent lived in your home	Date of Birth	\$ Paid for childcare for each child	Higher Education Expenses	Is the dependent disabled or blind?
							Y / N
							Y / N
							Y / N
							Y / N
							Y / N

Childcare Provider Information

Provider Name	SSN/EIN	Childcare Provider Address	\$Paid