

Personal Data

Your Name			SSN
Spouse's Name			SSN
Address			Apt. no.
City	State	ZIP	
County		School District	
Taxpayer phone	Daytime:	Evening:	Cell:
Spouse phone	Daytime:	Evening:	Cell:
Taxpayer Date of Birth:		Spouse Date of Birth:	
Taxpayer Occupation:		Spouse Occupation:	

Filing Status

Check only one box.

- | | |
|--|--|
| <p>1 <input type="checkbox"/> Single</p> <p>2 <input type="checkbox"/> Married filing jointly (even if only one has income)</p> <p>3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here ▶ _____</p> | <p>4 <input type="checkbox"/> Head of household (with qualifying person) the qualifying person is a child but not your dependent, enter this child's name here ▶ _____</p> <p>5 <input type="checkbox"/> Qualifying widow(er) with dependent</p> |
|--|--|

Exemptions

6a **Yourself.** If someone can claim you as a dependent, do not check box 6a

b **Spouse**

c Dependents:		(2) Dependent's	(3) Dependent's	(4) Dependent's
(1) First name	Last name	social security number	relationship to you	age/DOB

d Total number of exemptions claimed.....▶

Income Checklist

Please provide the following documents or information if applicable to bring to your appointment:

- Driver's license & social security card (for identity verification)
- Copy of your 2007 income tax return (for comparison and review for all includible information)
- Original W-2s and other statements of income received from employers
- 1099s and other statements reporting interest/dividend/miscellaneous income
- Records of other income received (pensions, annuities, IRA distributions, unemployment compensation, SSI, combined bank reporting statements)

Child Care Provider Information

Amount paid this year? \$ _____

Amount paid this year? \$ _____

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

SSN or EIN _____

SSN or EIN _____