

**Personal Information**

Your Name:	Spouse:	
SS#:	SS#:	
Birthday:	Birthday:	
Your Occupation:	Spouse's Occupation:	
US Citizen? Yes No	Spouse US Citizen? Yes No	
Legally blind or 100% disabled? Yes No	Spouse legally blind or 100% disabled? Yes No	
Address:	Zip Code	e-mail Address:
Phone:	Cell:	Best Time to Call:
Can anybody claim you or your spouse on their return? Yes No		

**As of Dec 31, 2015 your marital status was:**

<input type="checkbox"/>	Single
<input type="checkbox"/>	Married: Did you live with your spouse all of 2015?
<input type="checkbox"/>	*Were you & your spouse separated during 2015? If yes, give date separated:
<input type="checkbox"/>	Divorced or Legally Separated: Date of final decree or separate maintenance agreement
<input type="checkbox"/>	Widowed: Year of spouse's death
<input type="checkbox"/>	Head of Household: Must have a qualifying child

**Dependents**

Name:	Name:
Birthday: SS#:	Birthday: SS#:
Student? Yes No #Months_____	Student? Yes No #Months_____
Number of months in the home:	Number of months in the home:
Can be claimed by another taxpayer? Yes No	Can be claimed by another taxpayer? Yes No
US Citizen? Yes No	US Citizen? Yes No
Relationship to taxpayer:	Relationship to taxpayer:

Name:	Name:
Birthday: SS#:	Birthday: SS#:
Student? Yes No #Months_____	Student? Yes No #Months_____
Number of months in the home:	Number of months in the home:
Can be claimed by another taxpayer? Yes No	Can be claimed by another taxpayer? Yes No
US Citizen? Yes No	US Citizen? Yes No
Relationship to taxpayer:	Relationship to taxpayer:

**Direct Deposit Information: Routing # \_\_\_\_\_ Account # \_\_\_\_\_**

