

Personal Information

Your Name:	Spouse:
SS#:	SS#:
Birthday:	Birthday:
Your Occupation:	Spouse's Occupation:
US Citizen?	Spouse US Citizen?
Legally blind or 100% disabled?	Spouse legally blind or 100% disabled?

Address:

Phone: Cell: e-mail Address:

Can anybody claim you or your spouse on their return?

As of Dec 31, 2014 your marital status was:

<input type="checkbox"/>	Single
<input type="checkbox"/>	Married: Did you live with your spouse all of 2014?
<input type="checkbox"/>	*Were you & your spouse separated during 2014? 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:	Birthday:
SS#:	SS#:
Number of months in the home:	Number of months in the home:
Can be claimed by another taxpayer?	Can be claimed by another taxpayer?
US Citizen?	US Citizen?
Relationship to taxpayer:	Relationship to taxpayer:

Name:	Name:
Birthday:	Birthday:
SS#:	SS#:
Number of months in the home:	Number of months in the home:
Can be claimed by another taxpayer?	Can be claimed by another taxpayer?
US Citizen?	US Citizen?
Relationship to taxpayer:	Relationship to taxpayer: