

| Personal Information | | | | | |
|---------------------------------|-------|------------|--------------------------------|-------|------------|
| Taxpayer (or single individual) | | | Spouse | | |
| Name - (First, Last, & Middle) | | | Name - (First, Last, & Middle) | | |
| SSN | DOB | Occupation | SSN | DOB | Occupation |
| Mailing Address | | | Mailing Address | | |
| City, State, & Zip | | | City, State, & Zip | | |
| Phone | Phone | | Phone | Phone | |
| E-mail Address | | | E-mail Address | | |

| Dependents | | | | | |
|-------------------------------|-----|-----------------------|----|--|--------------|
| | | | | **Place "X" if dependent is not living with you | |
| Name (First, Initial, & Last) | DOB | Months living in home | ** | Social Security Number | Relationship |
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| Questions: | | |
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| 1. Did your name, address, or marital status change during the year? | Y | N |
| 2. Are you being claimed as a dependent on another person's tax return? | Y | N |
| 3. Are you and/or your spouse blind or permanently disabled? | Y | N |
| 4. If you claim children above that do not live with you, are they allowed as a result of the pre-1985 agreement? | Y | N |
| 5. Did you carry forward or incur any adoption expenses during the year? | Y | N |