

TAXPAYER

PERMANENT TAX HOME

FIRST NAME & MIDDLE INITIAL		HOME ADDRESS	
LAST NAME		APT NO	
SOCIAL SECURITY #		CITY	
OCCUPATION		STATE	
DATE OF BIRTH (MM/DD/YYYY)		COUNTY	
CLAIMED AS DEPENDENT BY SOMEONE ELSE?	Y OR N	ZIP	
FILING STATUS ON 12/31/2017	<input type="checkbox"/> SINGLE	COUNTRY	
	<input type="checkbox"/> MARRIED / JOINTLY	PRIMARY PHONE	
	<input type="checkbox"/> MARRIED / SEPARATELY	MOBILE PHONE	
	<input type="checkbox"/> HEAD OF HOUSEHOLD	EMAIL ADDRESS	
	<input type="checkbox"/> QUALIFYING WIDOW	RESIDENTIAL HOME (CIRCLE ONE)	RENT OR OWN
DEPENDENTS (CIRCLE ONE)	Y OR N		

SPOUSE (IF APPLICABLE)

CONTACT / MAILING INFORMATION (IF DIFFERENT)

FIRST NAME & INITIAL		ADDRESS	
LAST NAME		APT NO	
		CITY	
SOCIAL SECURITY #		STATE	
OCCUPATION		ZIP	
DATE OF BIRTH (MM/DD/YYYY)		COUNTRY	

DEPENDENT(S) INFORMATION (IF APPLICABLE)

DEPENDENT 1

DEPENDENT 2

FIRST NAME & INITIAL		FIRST NAME & INITIAL	
LAST NAME		LAST NAME	
DATE OF BIRTH (MM/DD/YYYY)		DATE OF BIRTH (MM/DD/YYYY)	
SOCIAL SECURITY #		SOCIAL SECURITY #	
RELATIONSHIP		RELATIONSHIP	
STUDENT (CIRCLE ONE)	Y OR N	STUDENT (CIRCLE ONE)	Y OR N

(ADD ADD'L DEPENDENTS ON BACK)

REFERRED BY: _____

PLEASE INITIAL HERE: _____