

BASIC INFORMATION

Name	Phone 1	
Address	Phone 2	
	Phone 3	

Email	Social security number	Occupation	Date of birth	Designate \$3 to the Presidential election fund	Blind
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TAXPAYER				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
SPOUSE				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Filing Status: Single Married filing joint Married filing separate Head of Household Qualifying widow(er) with dependent child
If you can be claimed on your parent's or someone else's return, check here

EXEMPTION INFORMATION

DEPENDENTS Name (first, initial, and last)	Date of birth	Dependent's social security number	Relationship	Did dependent live with you	# of months lived in your home

If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here

W-2 INFORMATION Please enclose copies of ALL W-2 forms

Taxpayer	Name of employer	2017 GROSS WAGES	2018 GROSS WAGES	Federal income tax withheld	Social security RR retirement withheld	State	State tax withheld	Local tax withheld
Spouse								

If your employer didn't reimburse you or over reimbursed you for any expense as an employee, check here

If you had employer paid child care benefits, check here