

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

TAXPAYER Yes No Yes No

SPOUSE Yes No Yes 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 Spouse	Name of employer	2019 GROSS WAGES	2020 GROSS WAGES	Federal income tax withheld	Social security RR retirement withheld	State	State tax withheld	Local tax withheld

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