			BASI	C INFORM	ATION						
Name							Phone 1				
Name Address			Phone 2								
7.44.000							Phone 3				
Email											
			_						gnate \$3 Presidential	Blind	
Social security number TAXPAYER			Occupation		Date of birth					res No	
SPOUSE								Yes Yes			
Filing Status	: Single	Ma	rried filing joint	Married filing se	parate He	ead of	Household			ying widow(e	er) with
-			omeone else's retur							ident child	
EXEMPTION	INFORMATION			T	T =		1				T
DEPENDENTS Name (first, initial, and last)				Date of birth		Dependent's social security number Re			nin	Did dependent	# of months lived in
Name (ilist, illitial, and last)			Date of birth	security num	number Rel			пр	live with you	your home	
If your child d	idn't live with you	but is claime	ed as your depende	। nt under a pre-1985	। i agreement, che	eck her	e			1	1
W-2 INFORM	ATION Please er	nclose copie	s of ALL W-2 forms	2021	Federal	Το .	, ,			T 6/ /	1
T axpayer		2020 GROSS		GROSS	income tax	Social security RR retirement				State tax	Local tax
S pouse Name of er		mployer	WAGES	WAGES	withheld		withheld		tate	withheld	withheld
	•										
If your employ	yer didn't reimbur	se you or ov	er reimbursed you f	or any expense as	an employee, ch	eck he	re				
	nplover paid child	ooro honofit	a shock horo	٦							