BASIC INFORMATION											
Name							Phone 1				
Address				Phone 2							
							Phone 3				
Email											
										gnate \$3 Presidential	Blind
Social security number			Occupation		Date of birth				tion fund	Yes No	
TAXPAYER								Yes	No No		
SPOUSE							Yes				
Filing Status If you can be			arried filing joint L someone else's retu	Married filing se	parate [] H	ead of	Household] Qualif deper	ying widow(endent child	er) with
EXEMPTION	INFORMATION										
	DEPENDENT		Dependent's social					Did dependent	# of months lived in		
Name (first, initial, and last)			Date of birth	security number R			elationship		live with you	your home	
				+	 					-	
				1							
				-	-					<u> </u>	
If your child d	idn't live with you	ı but is claim	ed as your depend	_l ent under a pre-1985		eck hei	re 🗔				<u> </u>
ii your orma a	iant iivo wiiin you	r bat lo claim	ou do your dopond	om andor a pro 1000	agroomoni, on	ook no	·				
W-2 INFORM	ATION Please e	nclose copie	es of ALL W-2 forms	3							
2023			2024	Federal	Soci	al security			State	Local	
T axpayer		GROSS		GROSS	income tax	RR r	RR retirement			tax	tax
Spouse Name of er		mployer	WAGES	WAGES	withheld	wit	withheld		tate	withheld	withheld
					1	-					
										-	
If your employ	yer didn't reimbu	rse you or o	ver reimbursed you	for any expense as	an employee, cl	neck he	ere				
If you had em	plover paid child	care benefi	ts check here								