**2019**

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| --- |
| PERSONAL DATA |

**Filing Status:** O Single O Married Filing Joint O Married Filing Separate O Head of Household O Widow(er)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Taxpayer Name: SSN: | | | | | | | | | | | | | | | | |
| Spouse’s Name: SSN: | | | | | | | | | | | | | | | | |
| Address: Apt. #: | | | | | | | | | | | | | | | | |
| City: State: Zip: | | | | | | | | | | | | | | | | |
| Taxpayer’s Date of Birth: | | | | | | | | Spouse’s Date of Birth: | | | | | | | | |
| Occupation: | | | | | | | | Occupation: | | | | | | | | |
| Daytime Phone: | | | | | | | | Daytime Phone: | | | | | | | | |
| Evening Phone: | | | | | | | | Evening Phone: | | | | | | | | |
| Cell: | | | | | | | | Cell: | | | | | | | | |
| Email: | | | | | | | | Email: | | | | | | | | |
| O Full-Time Student O Blind O Active military | | | | | | | | O Full-Time Student O Blind O Active military | | | | | | | | |
| DEPENDENTS | | | | | | | | | | | | | | | | |
| First Name/MI | |  | | | | | Last Name | | |  | | | | Suffix |  | |
| **SSN/ITIN** | | |  | | | **Relationship** | | |  | | | | **# of months lived with you** | | |  |
| **DOB** |  | | |  | **Does this dependent have income over $1000?** O Yes O No | | | | | | | | | | | |
| **Is this dependent required to file a tax return?** O Yes O No | | | | | | | | | | | **If yes, what is their AGI?** | | | | | |
| **Child Care Credit – qualifying expenses incurred and paid in 2018** | | | | | | | | | | | | **$** | | | | |
| **Child Care Credit – portion of qualifying expenses provided by employer** | | | | | | | | | | | | **$** | | | | |
| First Name/MI | |  | | | | | Last Name | | |  | | | | Suffix |  | |
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**Are other dependents listed on the back?** O Yes O No

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name/MI | |  | | | | | Last Name | |  | | | | Suffix |  | |
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