**2024**

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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 |  |
| **SSN/ITIN** |  | **Relationship** |  | **# of months lived with you** |  |
| **DOB** |  |  | **Does this dependent have income over $1000?** O Yes O No |
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| **Child Care Credit – portion of qualifying expenses provided by employer** | **$** |

 **Are other dependents listed on the back?** O Yes O No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |
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