

PERSONAL DATA

Filing Status: Single Married Filing Joint Married Filing Separate Head of Household 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:	
<input type="radio"/> Full-Time Student <input type="radio"/> Blind <input type="radio"/> Active military		<input type="radio"/> Full-Time Student <input type="radio"/> Blind <input type="radio"/> 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?		<input type="radio"/> Yes	<input type="radio"/> No
Is this dependent required to file a tax return?			<input type="radio"/> Yes	<input type="radio"/> 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?		<input type="radio"/> Yes	<input type="radio"/> No
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Child Care Credit – qualifying expenses incurred and paid in 2018				\$	
Child Care Credit – portion of qualifying expenses provided by employer				\$	

Are other dependents listed on the back? Yes No

First Name/MI		Last Name		Suffix	
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