

Dependents:

Name:	Date of Birth:	Social Security No:	Relationship:
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

Did You Incur Child Care Expenses? () Yes. () No. If Yes, Provide Name / Address of Provider and Social Security or EIN Number and Amount Paid:

Social Security: _____ Amount Paid: _____

Name / Address of Provider: _____

Did you Own Your Home? () Yes. () No. If Yes, You May Need to Itemize Your Deduction.

Have you Ever Been Denied your Tax Refund in the Past? () Yes. () No.

Did You Receive Other Income not Reported on your W-2 or 1099? () Yes. () No.

If Yes indicate Source> Household Income: _____

Name of Payee: _____

Self Employment Income: _____

Are You Married? () Yes. () No. If Yes, You Cannot File As a Head of household.

Your Driver's license Number: _____ Expiring Date: _____

Tax Payer's Signature

Spouse's Signature