

**PLEASE NOTE: THIS SHEET WILL DETERMINE  
HOW YOUR INFORMATION WILL APPEAR ON YOUR TAX RETURN  
IF FILING A JOINT RETURN DETERMINE TAXPAYER/SPOUSE  
1040 GENERAL INFORMATION SHEET**

Filing Status(circle one): Married Filing Joint                      Single  
Married Filing Separate                      Head of Household

**Taxpayer**

**Spouse**

First name and Initial  
Last Name  
Social Security Number  
Date of Birth (MM/DD/YY)  
Date of Death (if applicable)  
Occupation  
Blind

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Address, Telephone Numbers and Email

Present Street Address  
Apt Number  
Present City of Residence  
Present State  
County  
Daytime/Work Telephone #  
Evening/Home Telephone #  
Taxpayer Email address  
Spouse Email Address

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|  |          |
|  | Zip Code |
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Maryland Residents Only  
Within City Limits  
Yes or no  
Pennsylvania  
Residents Only  
School District

Home State

Did you move to/from a different state during this tax year? .....

Is the taxpayer claimed as a dependent on someone else's tax return? .....

Yes or no

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Dependent Information:

|                                |  |  |  |
|--------------------------------|--|--|--|
| First name & middle initial    |  |  |  |
| Last name                      |  |  |  |
| Social Security #              |  |  |  |
| Date of Birth                  |  |  |  |
| Relationship                   |  |  |  |
| Months lived in your home      |  |  |  |
| X if disabled                  |  |  |  |
| X if dependent had income over |  |  |  |

Please provide the name of any person living with you who is claimed as a dependent on someone else's tax return

Please list the years for which a release of claim to exemption is given for a dependent child not living with you

For Office Use Only: Client ID \_\_\_\_\_  
must match tax

In Tax \_\_\_\_\_  
Added/Changed in VPM \_\_\_\_\_  
Added to doc mgr \_\_\_\_\_