PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name............................		
First name		
Middle initial and suffix	MI .... _____ Suffix .... _____	MI .... _____ Suffix .... _____
Social security number		
Occupation.............................		
Work phone/extension		
Cell phone		
E-mail address.......................		
Birthdate	MM/DD/YYYY .... _____	MM/DD/YYYY .... _____
Blind	Yes ☐ No ☐	Yes ☐ No ☐
Contribute to Presidential Election Campaign Fund	Yes ☐ No ☐	Yes ☐ No ☐
Eligible to be claimed as a dependent on another return	Yes ☐ No ☐	Yes ☐ No ☐

Street address..... _____   Apartment number .... _____
City................. _____   State...................... ____   ZIP code.............. _____
Home phone .... _____   Foreign country .... _____
Fax .... _____   Foreign phone .... _____

FILING STATUS

☐ **1** Single
☐ **2** Married filing jointly
☐ **3** Married filing separately

Check this box if you **did not** live with spouse at any time during the year .... ► ☐
Check this box if you are eligible to claim spouse's exemption .... ► ☐
Check this box if your spouse itemizes deductions.. ► ☐

☐ **4** Head of household

If the qualifying person is a child but not your dependent, enter

Child's name.............. _____   Child's social security number.......... _____

☐ **5** Qualifying widow(er)

Check the box for the year the spouse died .... ► 2013 ☐   2014 ☐

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)				Social Security Number	**Code	Date of Birth	2015 Child Care Expense
				Relationship	+Months in U.S.	*Not Citizen	2014 Child Care Expense
						☐	
						☐	
						☐	
						☐	

** For the Dependent Code, enter the following:
L = dependent child who lived with you
N = dependent child who didn't live with you due to divorce or separation
O = other dependent
Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

* Check this box if dependent child is not a U.S. citizen or resident alien