## MUST FILL OUT COMPLETELY

Name:			Phone #	
Spouse:			Phone #	
Current Address:			-	
			<u>a</u>	
County of Residence				
School district of residence	Martin Control of the			
Marital status at 12-31-22	MarriedSingl	le	ı.	
Dependents:				
<u>Name</u>	<u>Birthdate</u>	Social Secu	rity#	Lived with you full-time?
	-			YN
	- :			YN
	-			YN
	- Y			YN
	-			YN
				YN
For any children that didn't live with y	ou full-time, provide the followi	ng:		
Child's Name	# of nights at your home	Name of ot	ther parent	# of nights at other parent's hom
	• (************************************			
	_	1)		
For children NOT living with you that y	you are claiming as a dependent	, we need a complete	d and signed Form 83	332.
Did you have health insurance through	h the Marketplace (Obamacare)	?	Yes	No
If yes, Form 1095-A provided?		N-1000 N-	Yes	No
Is anyone on your tax return attending college?			Yes	No
If yes, is Form 1098-T provided? (must be provided to claim credit)			Yes	No
Student Name	Year in college		\$ Books and Supp	olies Purchased
	1 2 3	4		
	1 2 3	4		
	1 2 3	4		
Do you want refund (if any) direct dep	oosited to your bank account?	·	Yes	No
Bank name		2		
Checking Savings	·			

Signature Spouse

Signature Tax Payer

## MUST FILL OUT COMPLETELY

Did you make es	stimated tax payments for 2022:	
<u>Federal</u>		
Date paid	Amount paid	
<u>State</u>		
Date paid	Amount paid	
Date paid	Amount paid	
Date paid	Amount paid	
Data paid	Amount naid	