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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE DROPPED OFF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TAX PREPARER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **CHILD TAX CREDIT RECEIVED $\_\_\_\_\_\_\_\_\_\_\_\_\_ RECEIVED LAST STIMULUS Y\_\_\_\_\_ N\_\_\_\_\_**  **FORM 6419 PRESENT Y\_\_\_\_\_\_\_\_\_ N\_\_\_\_\_\_\_ STIMULUS AMOUNT RECEIVED $\_\_\_\_\_\_\_\_\_**  **2021\_\_\_ PERSONAL AND DEPENDENT INFORMATION** | | | | |  | | |  |
|  | | | | |  | | |  |
| **Filing Status:**  Single Head of Household Married Married Filing Separate Widow(er) | | | | |  | | |  |
| **Taxpayer** | | | | | |  | |  |
| **Name** |  | | | | | **SS#** | | **Date of Birth** |
| **Occupation** | **Phone** | | | | | **Email** | |  |
| **Driver’s License *No. State Issue Date Exp. Date*** | | | | | | | | |
|  | | |  | | |
| **Spouse** | | | | | |  | |  |
| **Name** |  | | | | | **SS#** | | **Date of Birth** |
| **Occupation** | **Phone** | | | | | **Email** | |  |
| **Driver’s License *No. State Issue Date Exp. Date*** | | | | | | | | |
|  | |  | | | |  |  | |
| **Address** | | | |  | |  |  | |
| **Street Address** | | **City** | | | | **State** | **Zip Code** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dependent Information** | | | | |
| **First and Last Name** | **SSN** | **Relationship** | **Date of Birth** | **Months in home** |
|  |  |  |  |  |
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NOTES ABOUT THE RETURN : \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above is true and correct to the best of my (our) knowledge

Taxpayer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_