GENERAL INFORMATION

Taxpayer's First Name ______________________ M.I. ________ Spouse's First Name __________________________ Spouse's M.I. _________________

Taxpayer's Last Name ______________________ Suffix ________ Spouse's Last Name (if different) ______________________________________

Taxpayer's Social Security Number ___________________________________ Spouse's Social Security Number ______________________________________

Present Home Address ___________________________________ City, State, Zip Code ______________________________________

E-Mail Address ___________________________________

Filing Status: Please Check One

☐Single ☐Married Filing Jointly ☐Married Filing Separate ☐Head of Household ☐Qualifying Widow(er)

* If you selected Head of Household and have dependents, list the name ___________________________________

and Social Security number ________________ of the qualifying Child who lives with you.

Dependents/Non Dependents Qualifying for Child Care and/or EIC

*If any dependent(s) listed below are non dependents, then mark an "x" in the column listed "Non Dep"

First Name	Last Name	Date of Birth	Social Security #	Relationship	Months in home	Non Dep.

If you are claiming as a dependent a child who did not live with you, you must check the following documents that substantiate this claim:

() Pre-1985 divorce or separation agreement **()** Signed Form 8332

() Post-1984 divorce or separation agreement WITHOUT CONDITIONS **()** Signed Form 2120

Taxpayer's Birthdate ________________________ Spouse's Birthdate ______________________________________

Taxpayer's Occupation ______________________ Spouse's Occupation ___________________________________

Daytime Phone ______________________________ Daytime Phone ______________________________________

Evening Phone ______________________________ Evening Phone ______________________________________

Cell Phone _________________________________ Cell Phone ____

State of Residency ________ State of Part-year Residency __________2nd State of Part-year Residency __________

Did you or your spouse receive income from the following sources:

If you answered yes to a question, please include the following form(s):

	Yes	No			
1			Wages	1	W-2
2			Tips	2	W-2
3			Interest or Dividends	3	1099INT/1099DIV
4			Social Security/Railroad Benefits	4	SSA-1099/RRB-1099
5			Pension/Annnity/IRA/Retirement	5	1099R ***
6			Unemployment	6	1099G
7			Alimony	7	Amount Received
8			Self Employment/Operation of a business	8	1099MISC
9			Gambling Winnings	9	W-2G
10			Rent/Royalties/Misc. income	10	1099MISC
11			Stocks/Bonds	11	1099B
12			Proceeds from Real Estate Transaction	12	1099S
13			Partnership/Corporation	13	K1
14			Estate/Trust Income	14	K1
15			State tax refund from last year	15	1099G

Did you or your spouse sell or dispose any of the following:

If you answered yes to a question, please provide the following information:

	Yes	No			
16			Stocks/Mutual Funds	16	1099B/Broker Statement/Cost Basis
17			Personal Residence	17	1099S/Closing Statement

Did you or your spouse:

If you answered yes to a question, please provide the following information:

	Yes	No			
18			Have a mortgage	18	1098/Closing Statement if Refi or Purch
19			Have medical expenses	19	List all including premiums, meds, mileage
20			Make Charitable Contributions	20	List all including non-cash, volunteer miles
21			Have unreimbursed expenses for a job	21	List all including, vehicle, union, uniforms
22			Have job-related moving expenses	22	List all including, hotels, meals, movers
23			Pay any federal or state estimated taxes	23	List amounts and dates paid
24			Contribute to IRA/SEP/Keogh/Simple Plan	24	Provide Documentation (May be on W-2)
25			Get claimed on someone else's return	25	Preparer will Note
26			Pay Child or Dependent Care	26	Need Provider Information (Name, Address, Social Security or EIN #, Amount Paid)
27			Pay Education/Tuition Expenses	27	Form 1098T
28			Pay Interest on Education Loans	28	Form 1098E
29			Have K-12 Educator Expenses	29	List all
30			Have school expenses for K-12 Children	30	List all

*** **If you received an IRA distribtution, and nondeductible contributions were made, provide the balance of all IRA accounts as of the end of 2003**

You must include a copy of your federal and state return from last year