

**BASIC INFORMATION**

Name	Phone 1
Address	Phone 2
	Phone 3

Email	
Social security number	Occupation
Date of birth	Designate \$3 to the Presidential election fund
	Blind
	Yes No
<b>TAXPAYER</b>	
<b>SPOUSE</b>	
Yes No	Yes No

**Filing Status:**  Single  Married filing joint  Married filing separate  Head of Household  Qualifying widow(er) with dependent child  
 If you can be claimed on your parent's or someone else's return, check here

**EXEMPTION INFORMATION**

DEPENDENTS Name (first, initial, and last)	Date of birth	Dependent's social security number	Relationship	Did dependent live with you	# of months lived in your home

If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here

**W-2 INFORMATION** Please enclose copies of ALL W-2 forms

Taxpayer Spouse	Name of employer	2024 GROSS WAGES	2025 GROSS WAGES	Federal income tax withheld	Social security RR retirement withheld	State	State tax withheld	Local tax withheld

If your employer didn't reimburse you or over reimbursed you for any expense as an employee, check here

If you had employer paid child care benefits, check here