

## PERSONAL INFORMATION

Check here if there are no changes from last year.

With dark pencil or pen, please print legibly and indicate if any of the following occurred during the past year.

- Married during year (date \_\_\_\_\_)
- Divorced during year (date \_\_\_\_\_)
- Spouse died during year (date \_\_\_\_\_)
- Moved during year (date \_\_\_\_\_)
- Lost a dependent
- Gained a dependent

Legally blind?  You  Spouse

Telephone: Home \_\_\_\_\_ Office (H) \_\_\_\_\_ Office (W) \_\_\_\_\_

**Taxpayer** First Name, Middle Initial, Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Occupation \_\_\_\_\_ Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_ Township \_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Spouse** First Name, Middle Initial, Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Occupation \_\_\_\_\_ Social Security Number \_\_\_\_\_

**DEPENDENTS** \_\_\_\_\_ Check here if no change from last year.  
You must provide a Social Security Number for all dependents.

**Children living at home**

Name (First, M.I., Last)	Soc. Sec. No.	Birthdate
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**Other dependents**

Full Name	Soc. Sec. No.	Age	Relationship	Months in home	% of support by you
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

## INCOME

**WAGES / SALARIES / W-2 FORMS**

H	W	Name of Employer	Gross Earnings	Federal	State	Local	Withheld Taxes

**Enclose all copies of W-2 wage statements**

**INTEREST INCOME**

Enclose Forms 1099 received. If 1099s not available, please list payers and amounts received. Add separate sheet if necessary.

Name of Payer	Ownership if Married: H - Husband, W - Wife, J - Joint	Amount
Interest from Seller Financed Mortgages (Name, Address, and SS#)		
Interest Portion of Payments on Installment Sales		
Penalty for Early Withdrawal of Savings		

**DIVIDEND INCOME**

Enclose all Forms 1099s. If 1099s not available, please list payers and amounts received. Add separate sheet if necessary.

Name of Payer	Total Dividends	Investment Expense	Withheld Fed. Tax	Non Taxable
1. _____				
2. _____				
3. _____				

**Capital Gains Distributions**

Ownership if Married: H - Husband, W - Wife, J - Joint	Total Gains	28% Gains	25% Gains	Sec. 1202 Gains
1. _____				
2. _____				
3. _____				

Any Foreign Bank Accounts or Trusts? Yes  No  If yes, explain.