

TAXPAYER	
First, Middle , + Last Name:	
Social Security #:	
Date of Birth:	
Occupation / Job Title:	
Marital Status: (Married, Seperated, Single, Head of Household, Widow)	
Home Address:(#, street, city, state + zip code)	
Cell Phone #:	
Email Address (personal email address preferred):	
Drivers License #, State , Issued Date, Expiration Date (upload a copy of license if easier)	
SPOUSE	
First, Middle , + Last Name:	
Social Security #:	
Date of Birth:	
Occupation / Job Title:	
Marital Status: (Married, Seperated, Single, Head of Household, Widow)	
Home Address:(#, street, city, state + zip code)	
Cell Phone #:	
Email Address (personal email address preferred):	
Drivers License #, State , Issued Date, Expiration Date (upload a copy of license if easier)	
DEPENDENT #1	
First, Middle , + Last Name:	
Male or Female:	
Social Security #:	
Date of Birth:	
Marital Status: (Married, Separated, Single, Head of Household, Widow)	
Attending College?	
DEPENDENT #2 (please duplicate if more dependents)	
First, Middle , + Last Name:	
Male or Female:	
Social Security #:	
Date of Birth:	
Marital Status: (Married, Separated, Single, Head of Household, Widow)	
Attending College?	