

# General Information

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

Full Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Information about your Spouse

Full Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address, if different from above: \_\_\_\_\_

## Dependents

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security#: \_\_\_\_\_

Social Security#: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security#: \_\_\_\_\_

Social Security#: \_\_\_\_\_

## If Married & Filing Separately:

Did the Taxpayer live with spouse at any time this year? YES NO

Does the spouse qualify as an exemption on the Taxpayer's return? YES NO

Do you have current ROTH contributions? YES NO

What are your total ROTH contributions? \_\_\_\_\_

Did you pay long term care insurance premiums? YES NO

Have you used energy credit prior to this year? YES NO

Have you put in energy efficient items this year? YES NO

Signature \_\_\_\_\_