

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 _____