

PERSONAL INFORMATION SHEET

Tax Payer			Spouse				
Name:	_____		Name:	_____			
Address:	_____ _____		Address:	_____ _____			
Phone:	_____		Phone:	_____			
Email:	_____		Email:	_____			
SSN / ITIN:	_____		SSN / ITIN:	_____			
Occupation:	_____		Occupation:	_____			
Residency:	US Citizen	Alien Resident	Other	Residency:	US Citizen	Alien Resident	Other
Date of Birth	_____		Date of Birth	_____			
Was EITC previously disallowed?	_____		Was EITC previously disallowed?	_____			

Filing Status Single Married fil' Married Filing Separately Widower Head of Household

Are you eligible for Special Circumstances? _____

Can you or your spouse be claimed as a dependent?	Yes	No
Are you or your spouse blind?	Yes	No
Are you or your spouse permanently disabled?	Yes	No

Dependents Information: Check here if no dependents are being claimed:

Name:	_____		Name:	_____			
Address:	_____ _____		Address:	_____ _____			
SSN / ITIN:	_____		SSN / ITIN:	_____			
Residency:	US Citizen	Alien Resident	Other	Residency:	US Citizen	Alien Resident	Other
Date of Birth	_____		Date of Birth	_____			

Name:	_____		Name:	_____			
Address:	_____ _____		Address:	_____ _____			
SSN / ITIN:	_____		SSN / ITIN:	_____			
Residency:	US Citizen	Alien Resident	Other	Residency:	US Citizen	Alien Resident	Other
Date of Birth	_____		Date of Birth	_____			