PLEASE NOTE: THIS SHEET WILL DETERMINE HOW YOUR INFORMATION WILL APPEAR ON YOUR TAX RETURN.

1040 GENERAL INFORMATION SHEET

Filing Status (circle one): Married Filing Joint Single Married Filing Separate Head of Household

	Taxpayer	**Spouse**
First name and Initial		
Last Name		
Social Security Number		
Date of Birth (MM/DD/YY)		
Occupation		
Blind	Yes_____ No _____	Yes _____ No _____

Address, Telephone Numbers and Email

Present Street Address _____

Apt. Number _____

Present City of Residence _____

Present State _____Zip Code _____

County _____

Taxpayer Cellphone No. _____

Spouse Cellphone No _____

Taxpayer Email Address _____

Spouse Email Address _____

Home State _____

Did you file for unemployment? Yes____ No____

Is the tax payer the dependent on someone else's return? Yes____ No____

Did you go to school? Yes____ No____ School Name:_____

Did you pay tuition interest? Yes____ No____

Do you pay mortgage interest? Yes____ No____

Do you have a 401k to file? Yes____ No____

Did you withdraw from your 401k? Yes____ No____

Did all family members have health insurance? Yes____ No____

Was health insurance purchased through the marketplace? Yes____ No____

Dependent Information

	Child	**Child**	**Child**	**Child**
First name & Middle				
Last name				
Social Security #				
Date of Birth				
Relationship				
Months lived in your home				
X If disabled				
X if dependent had income				

I/WE THE UNDERSIGNED HEREBY ACKNOWLEDGE THAT THE INFORMATION PROVIDED HERE IS TRUE AND ACCURATE.

Taxpayer Signature:_____ Date:_____

Spouse Signature:_____ Date:_____