Basic Information for Filing Individual Tax Return

1. Persona	al Inform	ation								
Name		SSN		Date of Birth		Occupation		Cell Phone		
Taxpayer										
Spouse										
Street Address			City		State	ZI	ZIP		Home Phone	
Marital St	atus					1				
Married			Single			Head of Household				
Marrie	d Filing Separt	ely	er), Date of Sp	ouse's Death						
2. Dependents (Children & Others)										
Name		Relationship		Date of	SSN	Months	Disabled	Full Time	Dependent's Gross	
				Birth		Lived		Time	Income	
3. Wage, Salary Income						4. Self-employment Income				
Attach W-2s:				Spouse				Incon	ne	Expense
Employer			Taxpayer			1099				
						1099				
						1099				
						Net-earn	ning from			
						Self-employed				
			•		_					-
5. Divider	nd Income				6. Interest Income					
From Mutual Funds & Stocks - Attach 1099-DIV						Attach 1099-IN, FORM 1097-BTC & broker				
					1	statements				
Pa	lyer	Ordinary	Capital Gains	Non- Taxable		Pa	yer	Amount		ount
					-		-			
					-					
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		5-B, and 10		ann msur	ance) for	you, your s	spouse and	depender	118:1	f yes, include
	75- A, 107		JJJ-C.							
				Partial						

Taxpayer Signature

Date: _____