

Name:	SSN:	DOB:
Occupation:	<input type="checkbox"/> Disabled <input type="checkbox"/> Blind <input type="checkbox"/> Veteran	<input type="checkbox"/> Male <input type="checkbox"/> Female
Spouse:	SSN:	DOB:
Occupation:	<input type="checkbox"/> Disabled <input type="checkbox"/> Blind <input type="checkbox"/> Veteran	<input type="checkbox"/> Male <input type="checkbox"/> Female

**Drivers' License Info. – \*MANDATORY (You can also provide copies of the front Driver's License; NY must provide back)**

Taxpayer	Spouse
Issuing state:	Issuing state:
License number:	License number:
Issue date:	Issue date:
Expiration date:	Expiration date:
Back of License:	Back of License:

**Dependents you are claiming**

Name:	SSN:	DOB:
		<input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	SSN:	DOB:
		<input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	SSN:	DOB:
		<input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	SSN:	DOB:
		<input type="checkbox"/> Male <input type="checkbox"/> Female

**Address**

Street:
City, State, Zip:
County:
School District:
Township:

**Preferred Email:**  
(one per household)

**Phone Numbers**

Taxpayer cell:
Spouse cell:
Home:
Which phone would you like estimated reminder calls made on? Circle one of the above.

For direct deposit of refunds please provide a copy of a **voided check** or computer generated page from your bank showing the account and routing numbers.