

General 1040

**Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_

Mark if you were married but living apart all year \_\_\_\_\_

**Taxpayer**

**Spouse**

Social security number \_\_\_\_\_

First name \_\_\_\_\_

Last name \_\_\_\_\_

Occupation \_\_\_\_\_

Mark if you want \$3.00 to go to presidential campaign fund \_\_\_\_\_

Mark if legally blind \_\_\_\_\_

Mark if dependent of another taxpayer \_\_\_\_\_

Date of birth \_\_\_\_\_

Date of death \_\_\_\_\_

Work/daytime phone number \_\_\_\_\_

Do you authorize us to discuss your return with the IRS (1 = Yes, 2 = No) \_\_\_\_\_

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**Present Mailing Address**

Address \_\_\_\_\_

Apartment Number \_\_\_\_\_

City/State postal code/Zip code \_\_\_\_\_

Home/evening phone number \_\_\_\_\_

Email address \_\_\_\_\_

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**Dependent Information**

First Name	Last Name	Date of Birth	Social Security Number	Relationship	Months lived in your home	Care Expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits 2441

**Child and Dependent Care Expenses**

**Provider #1**

**Provider #2**

Provider Information:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, state, zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Mark if provider is a tax-exempt organization \_\_\_\_\_

Amount paid to care provider in 2013 \_\_\_\_\_

General Info

**Direct Deposit/Electronic Funds Withdrawal Information**

If you would like to have a refund deposited directly or a balance due debited directly into/from your bank account, please enter the following information:

Financial institution routing transit number \_\_\_\_\_

Name of financial institution \_\_\_\_\_

Your account number \_\_\_\_\_

Type of account (1 = Savings, 2 = Checking) \_\_\_\_\_