

Personal Data

Taxpayer Name		SSN	
Spouse's Name		SSN	
Address		Apt no.	
Foreign Address			
City	State	ZIP	
County		School District	
Taxpayer phone Daytime:	Ext:	Evening:	Ext: Cell:
Spouse phone Daytime:	Ext:	Evening:	Ext: Cell:
Taxpayer email		Spouse email	
Taxpayer occupation		Spouse occupation	
Taxpayer Date of Birth	<input type="checkbox"/> Blind	<input type="checkbox"/> Active military	Do you want \$3 to go to the Presidential Election Campaign Fund? <input type="checkbox"/>
Spouse's Date of Birth	<input type="checkbox"/> Blind	<input type="checkbox"/> Active military	Does your spouse want \$3 to go to the Presidential Election Campaign Fund? <input type="checkbox"/>
Date and time of this year's appointment		Economic Recovery Payment Amount	

Income Taxes Paid

Federal	2009 estimate date due	2009 est amount	Amount paid	Date paid	Check no.
2008 Refund	April 15, 2009				
2008 Refund applied to 2009	June 15, 2009				
2008 Balance Due	Sept. 15, 2009				
	Jan. 15, 2010				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					

Resident State	2009 estimate date due	2009 est amount	Amount paid	Date paid	Check no.
2008 Refund	April 15, 2009				
2008 Refund applied to 2009	June 15, 2009				
2008 Balance Due	Sept. 15, 2009				
	Jan. 15, 2010				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					

Local	2009 estimate date due	2009 est amount	Amount paid	Date paid	Check no.
2008 Refund	April 15, 2009				
2008 Refund applied to 2009	June 15, 2009				
2008 Balance Due	Sept. 15, 2009				
	Jan. 15, 2010				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					

Dependents

Name:					SSN:						
First name					Last name					Suffix	
SSN/ITIN			Relationship				Number of months lived with you				
Age/DOB			Is this dependent a minor child with income over \$950? <input type="checkbox"/>			2009	2008				
Qualifying child care expense incurred and paid in 2009											
Portion of qualifying expenses provided by employer											
American Opportunity qualified expenses paid											
Lifetime Learning Credit qualified expenses paid											
Hope Credit qualified expenses paid											
Tuition and fees deduction											
First name					Last name					Suffix	
SSN/ITIN			Relationship				Number of months lived with you				
Age/DOB			Is this dependent a minor child with income over \$950? <input type="checkbox"/>			2009	2008				
Qualifying child care expense incurred and paid in 2009											
Portion of qualifying expenses provided by employer											
American Opportunity qualified expenses paid											
Lifetime Learning Credit qualified expenses paid											
Hope Credit qualified expenses paid											
Tuition and fees deduction											
First name					Last name					Suffix	
SSN/ITIN			Relationship				Number of months lived with you				
Age/DOB			Is this dependent a minor child with income over \$950? <input type="checkbox"/>			2009	2008				
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Portion of qualifying expenses provided by employer											
American Opportunity qualified expenses paid											
Lifetime Learning Credit qualified expenses paid											
Hope Credit qualified expenses paid											
Tuition and fees deduction											
First name					Last name					Suffix	
SSN/ITIN			Relationship				Number of months lived with you				
Age/DOB			Is this dependent a minor child with income over \$950? <input type="checkbox"/>			2009	2008				
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Portion of qualifying expenses provided by employer											
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Lifetime Learning Credit qualified expenses paid											
Hope Credit qualified expenses paid											
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