



Part 1: Your Personal Information (If you are filing a joint return, enter your names in the same order as last year's return)

TAXPAYER NAME AS IT APPEARS ON SS CARD:	SPOUSE NAME AS IT APPEARS ON SS CARD:
Social Security Number:	Social Security Number:
Date of Birth:	Date of Birth:
Occupation:	Occupation:
Contact Number:	Contact Number:
Contact Email:	Contact Email:
Are you a U.S. Citizen?	Are you a U.S. Citizen?
Can anyone claim you as a dependent? :	Can anyone claim you as a dependent? :

(Only enter if different than Street)

Street Address:	Mailing Address:
City:	City:
State:                      Zip	State:                      Zip

Part 2: Please list:

Everyone: That lived with you last year (other than spouse).

Anyone: That did not live with you but that you supported more than 50%.

Name: (first, last) do not enter spouse.	Date of Birth (mm/dd/yy)	Social Security Number:	Relationship (example: child, parent, none):	Number of months lived in your home last year.	Full Time Student: Y/N	Totally and Permanently Disabled: Y/N

Part 3: If you are due a refund, how would you like to receive your Refund?

Direct Deposit:     Checking     Savings

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

I wish to receive a Paper Check in the Mail

Confidentiality Note: This letter and any attachments are confidential and may be protected by legal privilege. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of this mail or any attachment is prohibited. If you have received this mail in error, please notify us immediately by returning it to the sender and delete this copy from your system.