

General Information

Taxpayer

First Name
 Middle Initial
 Last Name
 Suffix
 Social Security Number
 Date of Birth

XXX-XX-XXXX	

Spouse

XXX-XX-XXXX	

Check ("X") which phone number to list on return.

Work Phone
 Home Phone
 Cell Phone
 Fax Number

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Legally Blind
 Totally Disabled
 Claimed as a Dependent
 Presidential Election Fund (\$3)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Occupation
 E-mail address

State of Residence as of 12/31
 County of Residence as of 12/31
 School District as of 12/31
 If Part Year, Period of Residency to

Filing Status

Status on 2007 return :

Status as of 12/31/2008 :
 Enter ("X") in the box

- 1 Single
- 2 Married filing joint
- 3 Married filing separately
(Enter spouse's name and SSN above)
- 4 Head of Household Non-dependent name: _____
 Non-dependent SSN: _____
- 5 Qualifying widow(er) with minor child Year spouse died _____

Address

Street _____ Apt/Suite : _____
 City _____ State _____ Zip Code _____