

# TAX CUSTOMER INFORMATION WORKSHEET

## ADDRESS

## PHONE NUMBERS

Street

Daytime

City

Evening

State  Zip Code

Cell

TP OCCUPATION(S)

SP OCCUPATION(S)

<b>LIST ALL ADULTS THAT LIVE IN HOME</b>		DATE OF BIRTH	SOCIAL SECURITY NUMBER	# OF MONTHS LIVED TOGETHER LAST YEAR
NAME: FIRST/LAST				
TAXPAYER:	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
SPOUSE:	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
OTHER ADULT	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
OTHER ADULT	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

LIST OTHER PERSONS WHO LIVED IN YOUR HOME WITH YOU: PLEASE LIST YOUNGEST TO OLDEST (INCLUDE ADULTS WITH NO INCOME OTHER THAN SOCIAL SECURITY)				
NAME: FIRST/LAST	RELATIONSHIP TO TAXPAYER OR SPOUSE	DATE OF BIRTH	SOCIAL SECURITY NUMBER	# OF MONTHS LIVED TOGETHER LAST YEAR
<input style="width: 330px; height: 25px;" type="text"/>	<input style="width: 190px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 120px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>
<input style="width: 330px; height: 25px;" type="text"/>	<input style="width: 190px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 120px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>
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DOES ANYONE IN HOME BESIDES TAXPAYER OR SPOUSE RECEIVE INCOME OTHER THAN SOCIAL SECURITY?  YES  NO

LIST DEPENDENT WHO DID NOT LIVE IN YOUR HOME WITH YOU, BUT YOU CAN CLAIM THEM AS AN EXEMPTION: NEED COPY OF SIGNED FORM 8332 OR DIVORCE DECREE				
NAME: FIRST/LAST	RELATIONSHIP TO TAXPAYER OR SPOUSE	DATE OF BIRTH	SOCIAL SECURITY NUMBER	CHECK ONE
<input style="width: 330px; height: 25px;" type="text"/>	<input style="width: 190px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 120px; height: 25px;" type="text"/>	<input type="checkbox"/> Signed 8332 <input type="checkbox"/> Divorce Decree

The above information is a **complete and accurate listing** of the members of my household.