

## TAXPAYER INFORMATION WORKSHEET

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	Taxpayer	Social Security Number	Occupation	Birthdate
YOU:				
SPOUSE:				

Address \_\_\_\_\_ Phone \_\_\_\_\_

City & Zip \_\_\_\_\_ County \_\_\_\_\_ Cell \_\_\_\_\_

Location of Residence: (Circle one) City / Township / Village of: \_\_\_\_\_

Email \_\_\_\_\_ School district \_\_\_\_\_

If the IRS or WDR has questions about your return, do you give me permission to discuss the return with them? Yes or No \_\_\_\_\_

DEPENDENTS: Name	Birthdate	Social Security #	Relationship	Lived with you all year?	If over 18, full time student or disabled?

Did you move during the past year? \_\_\_\_\_ Has your marital status changed? \_\_\_\_\_

Did you have an addition to the family? \_\_\_\_\_

**INCOME** bring all W-2's, If a w-2 was not received for an employer list employment and wages below.

EMPLOYER	WAGES
EMPLOYER	WAGES

**INTEREST and DIVIDEND INCOME** bring all 1099's

Interest Name of payer	Amount	Dividends Name of payer	Amount