

## Personal Information\* Tax Year 2015

Name		Social Security Number	Date of Birth	Occupation	Phone Number	
Taxpayer						
Spouse						
Street Address*			City*		State*	Zip*
Email Address:				Alternate Phone Number		

### Dependents (Children & others)

Name	Relationship	Date of Birth	Social Security Number	Months lived with you	Disabled	Full time Student

### Filing Status\*

Single		<input type="checkbox"/>	
Married		<input type="checkbox"/>	
Widower	<input type="checkbox"/>	Date of Death	
Married Filing Separately	<input type="checkbox"/>	Spouse's Name*	Spouse's SSN*
Taxpayer		Spouse	
Blind	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Disabled	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Presidential Campaign	
		Taxpayer	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Spouse	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Health Insurance Coverage

Covered	Purchased from Market Place 1095-A	Purchased from Insurance company 1095-B	Covered By an Employer 1095-C
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Income

	Description	Taxpayer	Spouse		Description	Taxpayer	Spouse
W2	Wage	<input type="checkbox"/>	<input type="checkbox"/>	1099-C	Cancelled Debt	<input type="checkbox"/>	<input type="checkbox"/>
W2G	Gambling	<input type="checkbox"/>	<input type="checkbox"/>	1098-T	Education Expense	<input type="checkbox"/>	<input type="checkbox"/>
1099-R	Retirement	<input type="checkbox"/>	<input type="checkbox"/>	1099-B	Stock Sales	<input type="checkbox"/>	<input type="checkbox"/>
1099 SSA	Social security	<input type="checkbox"/>	<input type="checkbox"/>	1099-G	Unemployment	<input type="checkbox"/>	<input type="checkbox"/>
1099-MISC	Self Employment	<input type="checkbox"/>	<input type="checkbox"/>	1099-S	House Sale	<input type="checkbox"/>	<input type="checkbox"/>
1099-INT	Interest	<input type="checkbox"/>	<input type="checkbox"/>	Alimony		<input type="checkbox"/>	<input type="checkbox"/>
1099-DIV	Dividends	<input type="checkbox"/>	<input type="checkbox"/>	Child Support		<input type="checkbox"/>	<input type="checkbox"/>
1120-K1	Corporation Income	<input type="checkbox"/>	<input type="checkbox"/>	Rental Income		<input type="checkbox"/>	<input type="checkbox"/>
1120S-K1	Corporation Income	<input type="checkbox"/>	<input type="checkbox"/>	Jury Duty		<input type="checkbox"/>	<input type="checkbox"/>
1065-K1	Partnership Income	<input type="checkbox"/>	<input type="checkbox"/>				

