

TAXPAYER

SSN: _____
First Name: _____
Last Name: _____
DOB: _____
DOD: _____
Occupation: _____
Phone: _____
Full time Student: Yes No

Street: _____
City: _____
Zip: _____
School District: _____

DEPENDENTS:

First Name: _____
Last Name: _____
DOB: _____
SSN: _____
Relationship: _____
Months in home: _____
Child care paid: _____

First Name: _____
Last Name: _____
DOB: _____
SSN: _____
Relationship: _____
Months in home: _____
Child care paid: _____

SPOUSE

SSN: _____
First Name: _____
Last Name: _____
DOB: _____
DOD: _____
Occupation: _____
Phone: _____
Full time Student: Yes No

DEPENDENTS:

First Name: _____
Last Name: _____
DOB: _____
SSN: _____
Relationship: _____
Months in home: _____
Child care paid: _____

First Name: _____
Last Name: _____
DOB: _____
SSN: _____
Relationship: _____
Months in home: _____
Child care paid: _____