Form ID: 1040	**Personal Information**	**1**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse) _____ [1]

Mark if you were married but living apart all year _____ [2]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) _____ [3]

	Taxpayer	**Spouse**
Social security number	_____ [4]	_____ [5]
First name	_____ [6]	_____ [7]
Last name	_____ [8]	_____ [9]
Occupation	_____ [10]	_____ [11]
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [12]	_____ [14]
Mark if dependent of another taxpayer	_____ [15]	_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]	
Mark if legally blind	_____ [20]	_____ [21]
Date of birth	_____ [22]	_____ [24]
Date of death	_____ [26]	_____ [27]
Work/daytime telephone number/ext number	_____ [28] _____ [29]	_____ [30] _____ [31]
Home/evening telephone number	_____ [32]	_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [34]	

Present Mailing Address

Address	_____ [40]
Apartment number	_____ [41]
City, state postal code, zip code	_____ [42] _____ [43] _____ [44]
Foreign country name	_____ [46]
Foreign phone number	_____ [49]
In care of addressee	_____ [51]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name [52]	Last Name	Date of Birth	Social Security No.	Relationship	Months** in home	Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent _____ [53]

Social security number of qualifying person _____ [54]

Dependent Codes
*Basic 1 = Child who lived with you **Other 1 = Student (Age 19 - 23)
2 = Child who did not live with you due to divorce/separation 2 = Disabled dependent
3 = Other dependent 3 = Dependent who is both a student and disabled
4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)
5 = Qualifying child for Earned Income Credit only
6 = Children who lived with you, but do not qualify for Earned Income Credit
7 = Children who lived with you, but do not qualify for Child Tax Credit
8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit
***Months 77 = Reported on odd year return
88 = Reported on even year return
99 = Not reported on return

	Form ID: 1040

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]
Taxpayer email address _____ [9]
Spouse email address _____ [10]

	Taxpayer	**Spouse**
Fax telephone number	_____ [11]	_____ [20]
Mobile telephone number	_____ [12]	_____ [21]
Mobile telephone #2 number	_____ [13]	_____ [22]
Pager number	_____ [14]	_____ [23]
Other:	_____ [15]	_____ [24]
Telephone number	_____ [16]	_____ [25]
Extension	_____ [17]	_____ [26]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	_____ [18]	_____ [27]

NOTES/QUESTIONS: