Name (Taxpayer):	kpayer):				Dat	te of Birth:	Home Ph:			
Name (Spouse):			SS #:		Dat	te of Birth:	CellCell			
Address:			City:			St:	Zip Code:			
Taxpayer: County lived in 1/1/14:Spou			ise: County lived in 1/1/14			Are you an <u>INJURE</u>	Are you an <u>INJURED SPOUSE</u> ? If yes, need Name:			
Filing Status: Yes No		_(Can Yo	u be Claimed o	is a Dependo	ent on Ai	nother Tax Return,	Like Your Parents?)			
CIRCLE: Single/ Married Joint/	Married Separate (with Spouse Nam			<u>Name</u>):	<u>ne</u>):Spouse SS#					
Dependents Names That you are claiming	Claiming Dependent (Circle)	Claiming EIC (Circle)	Relation	Date of Birth	Age	S.S. Number	No. of Months lived with you in 2014 (Circle One)	Schoo	in High l/College 2014?	
1.	Yes / No	Yes / No					(1-5) - (6+) - 7 - 8 - 9 - 10 - 11 - 12	Yes	No	
2.	Yes / No	Yes / No					(1-5) - (6+) - 7 - 8 - 9 - 10 - 11 - 12	Yes	No	
3.	Yes / No	Yes / No					(1-5) - (6+) - 7 - 8 - 9 - 10 - 11 - 12	Yes	No	
4.	Yes / No	Yes / No					(1-5) - (6+) - 7 - 8 - 9 - 10 - 11 - 12	Yes	No	
5.	Yes / No	Yes / No					(1-5) - (6+) - 7 - 8 - 9 - 10 - 11 - 12	Yes	No	
Renters Deduction: Landlord's Name: Landlord's Address: Number of Months Rented: Rent Monthly \$ Total 12 M	Child Care or Babysitting: Provider's Name: Address: SS# or FID #_ Total Paid for Year: \$				Insulation \$ Windows/Exterior Doors \$ AC/Furnace/ Water Heater \$					
Parents and/or Children (Fill out our Tuition Form) (Can only be claimed 4 years) Withdraws, S I verify all other pape Student Loan Interest: Taxpayer \$ Spouse \$ for checking							ollowing: Interest, Dividend, Sociant Income, Stock Sold, IRA Control Business, Rental & all other necesthe information on this, and are true. I know I am regioner my tax return. DATE DATE	sary pa nd all espor	ns or apers.	