

# Personal Data

## Filing Status

single     
  MFJ     
  MFS     
  HOH     
  Full Time Student

Taxpayer Name		SSN
Spouse Name		SSN
Address		
City	State	Zip
Taxpayer DOB	Spouse DOB	
Occupation	Occupation	
Work Phone	Work Phone	
Home Phone	Home Phone	
Cell	Cell	

## Dependents

First Name	Last Name	DOB
SSN	Relationship	Number of months lived with you
Child Care Credit - qualifying expenses incurred and paid in 2014		
First Name	Last Name	DOB
SSN	Relationship	Number of months lived with you
Child Care Credit - qualifying expenses incurred and paid in 2014		
First Name	Last Name	DOB
SSN	Relationship	Number of months lived with you
Child Care Credit - qualifying expenses incurred and paid in 2014		

## Child and Dependent Care

Child Care Provider's Information	
Social Security Number or Employer ID Number	Amount Paid
Street Address	
City	
Child Care Provider's Information	
Social Security Number or Employer ID Number	Amount Paid
Street Address	
City	

## Estimated Taxes Paid

Due Date	Federal Est	Due Date	State Est
OP Prior Year		OP Prior Year	
4/15/2014		4/15/2014	
6/17/2014		6/17/2014	
9/16/2014		9/16/2014	
1/15/2015		1/15/2015	