

Basic Taxpayer Information

TZ5

PERSONAL INFORMATION

TAXPAYER		SPOUSE	
Last name			
First name			
Middle initial and suffix	MI	Suffix	MI
Social Security Number			
Occupation			
Work phone/extension			
Cell phone			
E-mail address			
Birthdate or age as of 1-1-2010.....		MM/DD/YYYY	MM/DD/YYYY
Blind	Yes	No	Yes
Contribute to Presidential Election Campaign Fund.....	Yes	No	Yes
Eligible to be claimed as a dependent on another return	Yes	No	Yes
Street address		Apartment number.....	
City.....		State.....	ZIP Code.....
Home phone.....		Foreign country	
Fax.....		Foreign phone	

FILING STATUS

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
 - Check this box if you **did not** live with spouse at any time during the year
 - Check this box if you are eligible to claim spouse's exemption
 - Check this box if your spouse itemizes deductions
- 4 Head of household
 - If the qualifying person is a child but not your dependent, enter
 - Child's name Child's social security number
- 5 Qualifying widow(er)
 - Enter the year the spouse died

DEPENDENT INFORMATION

Full Name	Social Security Number	**Code	Date of Birth	Child Care Expenses (This year)
(First name, Middle initial, Last name, Suffix)	Relationship	+Months in U.S.	*Not Citizen	Child Care Expenses (Last year)

** For the Dependent Code, enter the following:

- L = dependent child who lived with you
- N = dependent child who didn't live with you due to divorce or separation
- O = other dependent
- Q = not a dependent (but is a person who qualifies you for the earned income credit and/or the child tax credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

* Check this box if dependent child is not a U.S. citizen or resident alien