TAX PAYER FILING INFO		NOTES
NAME:	ADDRESS:	
DOB:	CITY:	
SSN:	STATE:	
CURRENT OCCUP:	ZIP:	

For each year, please specify what filing status you will be using and how many dependents you will be claiming each year

YEAR	2007	2008	2009	2010	2011
FILING STATUS (S,HOH,MFJ,MFS)					
OCCUPATION: TAX PAYER					
OCCUPATION: SPOUSE					
DEPENDENTS (ADD DETAIL INFO BELOW)					
1					
2					
3					
4					

If filing Married Filing Jointly OR Separately, please provide spouse info below

SPOUSE NAME:	DOB	SSN	CURRENT OCCUPATION	YEAR(S) FILING MFJ	YEAR(S) FILING MFS

For each dependent listed above, please fill out the detail info below

DEPENDENT DETAILED INFO:					
NAME	DOB	SSN	RELATIONSHIP	YEAR(S) CLAIMING	