

Childs Tax Information Sheet

Section One – Personal Information

Taxpayer

Last name: _____

First Name: _____

Middle Initial: ____

SSN: _____

Date of Birth: _____

Occupation: _____

Spouse

Last name _____

First Name: _____

Middle Initial: ____

SSN: _____

Date of Birth: _____

Occupation: _____

Section Two – Contact Information

Email Address: _____

Cell Phone: _____

Address: _____

City: _____ State: ____ Zip: ____

Home Phone: _____

Fax number: _____

Section Three: Banking Information (for direct deposit of return)

Routing # _____

Account # _____

(Routing number is a 9 digit number) Name of Bank: _____

Section Four: Children and other dependents

Last Name: _____

First Name: _____ Middle Initial: ____

Relationship: _____ SSN: _____

Date of Birth: _____

Last Name: _____

First Name: _____ Middle Initial: ____

Relationship: _____ SSN: _____

Date of Birth: _____

Last Name: _____

First Name: _____ Middle Initial: ____

Relationship: _____ SSN: _____

Date of Birth: _____

Last Name: _____

First Name: _____ Middle Initial: ____

Relationship: _____ SSN: _____

Date of Birth: _____

Section Five: Filing Status (Please check all boxes that apply)

- Single
- Married filing jointly
- Married filing separately
- Head of household
- Qualifying widower
- Can someone claim you as their dependant?