

Federal Information Worksheet

2025

Ashby & Associates

TAX SERVICE / ACCOUNTING / PAYROLL



Part I - Personal Information

Taxpayer:

Last Name
First Name
Middle Initial
Social Security Number
Occupation
Date of Birth

E-mail Address

Work Phone
Cell Phone
Home Phone

Address1
Address2
City
State
Zip

Spouse:

Last Name
First Name
Middle Initial
Social Security Number
Occupation
Date of Birth

E-mail Address

Work Phone
Cell Phone
Home Phone

Address1
Address2
City
State
Zip

Part II - Federal Filing Status - Use a Checkmark or "x" to indicate your status - just click

Single
Married - Jointly
Married - Separately
Did NOT live w/ spouse
Eligible to Claim Spouse
Head of Household
Qualifying Widow(er)
Year Spouse Died

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PRINT

Part III - Dependents

DEPENDENT1

Last Name
First Name
Middle Initial
Social Security Number
Date of Birth

Relationship: - Use a Checkmark or "x" to indicate status

Son
Daughter
Step-Child
Foster Child
Grand-child
Other

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DEPENDENT2

Last Name
First Name
Middle Initial
Social Security Number
Date of Birth

Relationship: - Use a Checkmark or "x" to indicate status

Son
Daughter
Step-Child
Foster Child
Grand-child
Other

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DEPENDENT3

Last Name
First Name
Middle Initial
Social Security Number
Date of Birth

Relationship: - Use a Checkmark or "x" to indicate status

Son
Daughter
Step-Child
Foster Child
Grand-child
Other

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DEPENDENT4

Last Name
First Name
Middle Initial
Social Security Number
Date of Birth

Relationship: - Use a Checkmark or "x" to indicate status

Son
Daughter
Step-Child
Foster Child
Grand-child
Other

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