

# Federal Information Worksheet

2025

Ashby & Associates



## Part I - Personal Information

**Taxpayer:**

Last Name

First Name

Middle Initial

Social Security Number

Occupation

Date of Birth

**Spouse:**

Last Name

First Name

Middle Initial

Social Security Number

Occupation

Date of Birth

**E-mail Address**

Work Phone

Cell Phone

Home Phone

**E-mail Address**

Work Phone

Cell Phone

Home Phone

Address1

Address2

City

State

Zip

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



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



**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



**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



**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

