

**Federal Information Worksheet**

**2023**



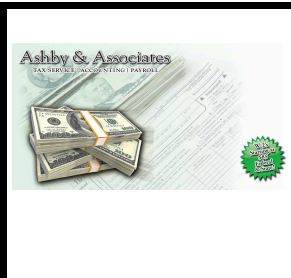
**Part I - Personal Information**

Taxpayer:	
Last Name	
First Name	
Middle Initial	
Social Security Number	
Occupation	
Date of Birth	
<b>E-mail Address</b>	
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	
<b>E-mail Address</b>	
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	



**BL**

**Part III - Dependents**

DEPENDENT1	
Last Name	
First Name	
Middle Initial	
Social Security Number	
Date of Birth	

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 _____	



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	

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 _____	



Relationship: - Use a Checkmark or "x" to indicate status	
Son	
Daughter	
Step-Child	
Foster Child	
Grand-child	
Other _____	

