		ation Worksheet	Ashby & Associates
	20)23	
Part I - Personal Informat	ion		
Taxpayer:		Spouse:	
Last Name		Last Name	
First Name		First Name	
Middle Initial		Middle Initial	
Social Security Number		Social Security Number	
Occupation Occupation		Occupation	
Date of Birth		Date of Birth	
Date of Birtin		Date of Birtin	
Tues ail Audus as		C reail Address	
E-mail Address		E-mail Address	
Work Phone		Work Phone	
Cell Phone		Cell Phone	
Home Phone		Home Phone	
Address1		Address1	
Address2		Address2	
City		City	
State		State	
Zip		Zip	
r		<u></u>	
Part II - Federal Filing Sta	atus - Use a Checkmark or "	x" to indicate your status - i	ust click
Single	tue ees a checkman of	The interest of the states of	act chere
	A 1.1 8 A		
Married - Jointly	Ashby & Associates		
Married - Seperately			
Did NOT live w/ spouse			
Eligible to Claim Spouse			
Head of Household	12 No. 1181 1881 181 11/1/1/22	B L	
Qualifying Widow(er)			
Year Spouse Died			
Year Spouse Died Part III - Dependents			
Part III - Dependents		DEPENDENT2	
Part III - Dependents DEPENDENT1		DEPENDENT2	
Part III - Dependents DEPENDENT1 Last Name		Last Name	
Part III - Dependents DEPENDENT1 Last Name First Name		Last Name First Name	
Part III - Dependents DEPENDENT1 Last Name First Name Middle Initial		Last Name First Name Middle Initial	
Part III - Dependents DEPENDENT1 Last Name First Name Middle Initial Social Security Number		Last Name First Name Middle Initial Social Security Number	
Part III - Dependents DEPENDENT1 Last Name First Name Middle Initial		Last Name First Name Middle Initial	
Part III - Dependents DEPENDENT1 Last Name First Name Middle Initial Social Security Number Date of Birth		Last Name First Name Middle Initial Social Security Number Date of Birth	
Part III - Dependents DEPENDENT1 Last Name First Name Middle Initial Social Security Number Date of Birth Relationship: - Use a Checkm.	ark or "x" to indicate status	Last Name First Name Middle Initial Social Security Number Date of Birth Relationship: - Use a Checkman	ark or "x" to indicate status
Part III - Dependents DEPENDENT1 Last Name First Name Middle Initial Social Security Number Date of Birth Relationship: - Use a Checkm. Son	ark or "x" to indicate status Ashby & Associates	Last Name First Name Middle Initial Social Security Number Date of Birth Relationship: - Use a Checkmine	ark or "x" to indicate status
Part III - Dependents DEPENDENT1 Last Name First Name Middle Initial Social Security Number Date of Birth Relationship: - Use a Checkm. Son Daughter		Last Name First Name Middle Initial Social Security Number Date of Birth Relationship: - Use a Checkman Son Daughter	
Part III - Dependents DEPENDENT1 Last Name First Name Middle Initial Social Security Number Date of Birth Relationship: - Use a Checkm. Son Daughter Step-Child		Last Name First Name Middle Initial Social Security Number Date of Birth Relationship: - Use a Checkman Son Daughter Step-Child	
Part III - Dependents DEPENDENT1 Last Name First Name Middle Initial Social Security Number Date of Birth Relationship: - Use a Checkm Son Daughter Step-Child Foster Child		Last Name First Name Middle Initial Social Security Number Date of Birth Relationship: - Use a Checkman Son Daughter Step-Child Foster Child	
Part III - Dependents DEPENDENT1 Last Name First Name Middle Initial Social Security Number Date of Birth Relationship: - Use a Checkm Son Daughter Step-Child Foster Child Grand-child		Last Name First Name Middle Initial Social Security Number Date of Birth Relationship: - Use a Checkman Son Daughter Step-Child Foster Child Grand-child	
Part III - Dependents DEPENDENT1 Last Name First Name Middle Initial Social Security Number Date of Birth Relationship: - Use a Checkm Son Daughter Step-Child Foster Child		Last Name First Name Middle Initial Social Security Number Date of Birth Relationship: - Use a Checkman Son Daughter Step-Child Foster Child	
Part III - Dependents DEPENDENT1 Last Name First Name Middle Initial Social Security Number Date of Birth Relationship: - Use a Checkm Son Daughter Step-Child Foster Child Grand-child Other		Last Name First Name Middle Initial Social Security Number Date of Birth Relationship: - Use a Checkman Son Daughter Step-Child Foster Child Grand-child Other	
Part III - Dependents DEPENDENT1 Last Name First Name Middle Initial Social Security Number Date of Birth Relationship: - Use a Checkm 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 Checkman Son Daughter Step-Child Foster Child Grand-child Other DEPENDENT4	
Part III - Dependents DEPENDENT1 Last Name First Name Middle Initial Social Security Number Date of Birth Relationship: - Use a Checkm Son Daughter Step-Child Foster Child Grand-child Other DEPENDENT3 Last Name		Last Name First Name Middle Initial Social Security Number Date of Birth Relationship: - Use a Checkman Son Daughter Step-Child Foster Child Grand-child Other DEPENDENT4 Last Name	
Part III - Dependents DEPENDENT1 Last Name First Name Middle Initial Social Security Number Date of Birth Relationship: - Use a Checkm Son Daughter Step-Child Foster Child Grand-child Other DEPENDENT3 Last Name First Name		Last Name First Name Middle Initial Social Security Number Date of Birth Relationship: - Use a Checkman Son Daughter Step-Child Foster Child Grand-child Other DEPENDENT4 Last Name First Name	
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Part III - Dependents DEPENDENT1 Last Name First Name Middle Initial Social Security Number Date of Birth Relationship: - Use a Checkment 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 Checkment Son	Ashby & Associates Transmit, acception remain	Last Name First Name Middle Initial Social Security Number Date of Birth Relationship: - Use a Checkman 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 Checkman Son	Ashby & Associates Avenue le continui rangel
Part III - Dependents DEPENDENT1 Last Name First Name Middle Initial Social Security Number Date of Birth Relationship: - Use a Checkm 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 Checkm Son Daughter	ark or "x" to indicate status	Last Name First Name Middle Initial Social Security Number Date of Birth Relationship: - Use a Checkman 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 Checkman Son Daughter	ark or "x" to indicate status
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Part III - Dependents DEPENDENT1 Last Name First Name Middle Initial Social Security Number Date of Birth Relationship: - Use a Checkm 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 Checkm Son Daughter Step-Child Social Security Number Date of Birth	ark or "x" to indicate status	Last Name First Name Middle Initial Social Security Number Date of Birth Relationship: - Use a Checkman 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 Checkman Son Daughter Step-Child	ark or "x" to indicate status