



Individual Profile

Information in this Profile can be applied to forms. Save and close the Profile before applying.

Taxpayer

First Name _____ Middle Initial ____ Last Name _____ Suffix _____

Address _____ Apartment Number _____

City _____ State ____ Zip Code _____

Daytime Phone Number _____

SSN _____

Occupation _____

County Name _____

School District Code _____

E-mail Address _____

Blind ☐ 65 or older ☐

Spouse

First Name _____ Middle Initial ____ Last Name _____ Suffix _____

Daytime Phone Number _____

SSN _____

Occupation _____

Blind ☐ 65 or older ☐

Filing Status

☐ Single ☐ Married Filing Joint ☐ Head of Household
☐ Married Filing Separate ☐ Qualifying Widow(er)

Direct Deposit Information

☐ Checking ☐ Savings

Routing Number _____

Account Number _____

Dependent Information

First Name	Last Name	SSN	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Self-Employment Information

Business Name _____

Address 1 _____

Address 2 _____

City _____ State ____ Zip Code _____

FEIN _____

Phone Number _____