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 . . . . _____