



2009 INCOME TAX INFORMATION

TAX FILING & DEPENDENT WORKSHEET

Name	
Address	
City, State, Zip	

Is the taxpayer or spouse claimed as a dependent on someone else's tax return?

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you want to contribute to the Presidential Election Campaign Fund?

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Changes in Dependent Information from Previous Year:

First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Day/Yr)	Relationship to Taxpayer	Months Lived in Your Home	X if Disabled	Did dependent have earned income over \$5,150 or unearned income over \$900?	
							Yes or No	X if Full Time Student

Please provide the name of any person living with you who is claimed as a dependent on someone else's tax return _____

W-2 INCOME WORKSHEET

Wages and Salaries: PLEASE ENCLOSE ALL COPIES OF YOUR 2009 FORMS W-2

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local