Federal Information Worksheet
2024

Part I - Personal Information

Taxpayer:		Spouse:	
Last Name		Last Name	
First Name		First Name	
Middle Initial		Middle Initial	
Social Security Number		Social Security Number	
Occupation		Occupation	
Date of Birth		Date of Birth	
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	

Part II - Federal Filing Status - Use a Checkmark or "x" to indicate your status - just click

Single		
Married - Jointly		
Married - Seperately		
Did NOT live w/ spouse		
Eligible to Claim Spouse		
Head of Household		**BL**
Qualifying Widow(er)		
Year Spouse Died		

Part III - Dependents

DEPENDENT1		DEPENDENT2	
Last Name		Last Name	
First Name		First Name	
Middle Initial		Middle Initial	
Social Security Number		Social Security Number	
Date of Birth		Date of Birth	

Relationship: - Use a Checkmark or "x" to indicate status | Relationship: - Use a Checkmark or "x" to indicate status

DEPENDENT1 Relationship		DEPENDENT2 Relationship	
Son		Son	
Daughter		Daughter	
Step-Child		Step-Child	
Foster Child		Foster Child	
Grand-child		Grand-child	
Other_____		Other_____	

DEPENDENT3		DEPENDENT4	
Last Name		Last Name	
First Name		First Name	
Middle Initial		Middle Initial	
Social Security Number		Social Security Number	
Date of Birth		Date of Birth	

Relationship: - Use a Checkmark or "x" to indicate status | Relationship: - Use a Checkmark or "x" to indicate status

DEPENDENT3 Relationship		DEPENDENT4 Relationship	
Son		Son	
Daughter		Daughter	
Step-Child		Step-Child	
Foster Child		Foster Child	
Grand-child		Grand-child	
Other_____		Other_____	