2014 Tax Year Data Collection Sheet

You will need: Tax information such as Forms W-2, 1099, 1098. Social security cards for all persons on your tax return. Picture ID (such as valid driver's license) for you and your spouse.

Please complete pages 1-3 of this form.

Part I - Your Personal Information

1. Your First Name	M.I.	Last Name	Are you a U.S. citizen? ☐ Yes ☐No
2. Your Spouse's First Name	M.I.	Last Name	Is your spouse a U.S. citizen? ☐ Yes ☐No

3. Mailing Address	Apt. #	City	State	ZIP Code

4. Home Phone	Cell Phone	Email Address
5. Your Date of Birth	6. Your Job Title	7. Last Year, were you: a. Full time student ☐ Yes ☐No b. Totally and permanently disabled ☐ Yes ☐No c. Legally Blind ☐ Yes ☐No
8, Your Spouse's Date of Birth	9. Your Spouse's Job Title	10. Last Year,Was Your Spouse: a. Full time student ☐ Yes ☐No b. Totally and permanently disabled ☐ Yes ☐No c. Legally Blind ☐ Yes ☐No

11. Can anyone claim you or your spouse on their tax return? ☐ Yes ☐ No ☐ Unsure

12. Have you or your spouse: b. Adopted a child? ☐ Yes ☐ No

Part II - Marital Status and Household Information

1. As of December 31 of last year, were you:

☐ Single (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

☐ Married a. Did you live with your spouse during any part of the last six months of 2014 ☐ Yes ☐ No

b. Was your marriage recognized under the laws of the state(s) you are filing in? ☐ Yes ☐ No ☐ Unsure

☐ Divorced or Legally Separated Date of final decree or separate maintenance agreement _____

☐ Widowed Year of spouse's death _____

2. List the names below of: **everyone** who lived with you last year (other than you or your spouse) **anyone** you supported but did not live with you last year

Name (*first, last)* Do not enter your name or spouse's name below	Date of Birth *mm/dd/yy*	Relation-ship to you	Number of months lived in your home last year	US Citizen Yes/No	Single or Married as of 12/31/14 S/M	Full-time student last year *(yes/no)*	Totally and Permanently Disabled *(yes/no)*	Can this person be claimed by someone else as a dependent on their return? *(yes/no)*	Did this person provide more than 50% of their own support *(yes/no)*	Did this person have less than $3950 of income? *(yes/no)*	Did the taxpayer provide more than half the cost of maintaining a home for this person? *(yes/no)*