

Personal Data

Name:		SSN:	
Your Name		SSN	
Spouse's Name		SSN	
Address			
Address			
City	State	ZIP	
County	School District		
Evening phone	Daytime phone		
Cell phone	Email address		
Occupation	Spouse's Occupation		
Do you want \$3 to go to the Presidential Election Campaign Fund?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Your Date of Birth	Legally blind? <input type="checkbox"/>
Does your spouse want \$3 to go to the Presidential Election Campaign Fund?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Spouse's Date of Birth	Legally blind? <input type="checkbox"/>

Your Dependents

Dependent # 1		Dependent # 2		Dependent # 3	
First name		First name		First name	
Last name		Last name		Last name	
Social security number		Social security number		Social security number	
Relationship		Relationship		Relationship	
No. of months lived with you		No. of months lived with you		No. of months lived with you	
Age/DOB		Age/DOB		Age/DOB	
1 Qualifying child care expenses incurred and paid in 2004		1 Qualifying child care expenses incurred and paid in 2004		1 Qualifying child care expenses incurred and paid in 2004	
2 Portion of qualifying expenses provided by your employer		2 Portion of qualifying expenses provided by your employer		2 Portion of qualifying expenses provided by your employer	
3 Hope Credit qualified expenses paid		3 Hope Credit qualified expenses paid		3 Hope Credit qualified expenses paid	
4 Lifetime Learning Credit qualified expenses paid		4 Lifetime Learning Credit qualified expenses paid		4 Lifetime Learning Credit qualified expenses paid	

Did a dependent child under age 14 have income over \$750? _____

Income Taxes Paid

	Federal		State		Local	
2004 Estimates:	Amount paid	Date paid	Amount paid	Date paid	Amount paid	Date paid
April 15, 2004						
June 15, 2004						
Sept. 15, 2004						
Jan. 15, 2005						
2003 overpayment applied						
2003 Balance due						
2003 Refund						