![eTax Express logo]

TAXPAYER DATA SHEET
Form-2
EVERY ITEM MUST BE ANSWERED! NO EXCEPTIONS!

NAME (As On Social Sec Card)	BIRTHDATE	SSN	HOME PHONE	WORK PHONE
TAXPAYER				
SPOUSE				

ADDRESS (No PO Box)	COUNTY	OCCUPATION
		TP SP

CITY	ST	ZIP	

CLOSEST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP	PHONE	DO YOU ELECT $3.00 TO PRESIDENTIAL FUND?
			TP YES NO **SP** YES NO

YOUR DRIVERS LICENSE #	STATE	EXP DATE	F/T STUDENT ☐ SELF EMPLOYED ☐
			Can another claim you as a dependent? **TP** Y N **SP** Y N

Filing Status (Check One)

☐ SINGLE

☐ MARRIED FILING JOINT

☐ HEAD OF HOUSEHOLD

☐ WIDOW (ER) WITH DEPENDENT CHILDREN (Spouse's Date of Death _____)

☐ MARRIED FILING SEPARATELY (REQUIRES Spouse's Name & SSN_____)

> **If you are married, you MUST file Married Joint or Married Separate. You CANNOT file as Head of Household or Single unless you are separated and had not lived together at any time after June 30. HEAD OF HOUSEHOLD REQUIRES that more than 50% of support is provided for at least one child. Please SEE HOH GUIDE TO SEE IF YOU QUALIFY.**

*You WILL NOT BE ELIGIBLE For EITC in addition E-File NOT Available for this filing status for Residents of AZ, CA, NV, or TX

DEPENDENTS (Do Not List Yourself or Spouse – Enter First &Last Names As On Social Security Cards)

FIRST & LAST NAME	BIRTHDATE MM/DD/YY	SOC SEC #	RELATIONSHIP	MONTHS IN HOME FOR THIS YEAR	Paid Childcare	F/T Student	Perm Disability
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐

IF RELATIONSHIP IS FOSTERCHILD:

Please check the FOSTERCHILD relationship.
This is an individual who resided with you ALL 12 months of 2018 that you cared for as your own child.

__Niece   __Nephew   __Brother   __Sister   __Grandchild   __Stepbrother   __Stepsister

__Child placed in your care by **AUTHORIZED PLACEMENT AGENCY**