



FILING STATUS

<input type="checkbox"/>	1. SINGLE	<input type="checkbox"/>	HAVE NEVER BEEN MARRIED	<input type="checkbox"/>	WIDOWED. DATE _____
		<input type="checkbox"/>	HAVE YOU EVER FILED A JOINT RETURN WITH ANYONE?		
		<input type="checkbox"/>	DIVORCED or COURT ORDERED SEPARATION. Date of Decree _____		
		<input type="checkbox"/>	DID ANY RELATIVES LIVE WITH YOU? HOH?		

<input type="checkbox"/>	2. MARRIED FILING JOINT	DATE MARRIED _____
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<input type="checkbox"/>	NOT LEGALLY MARRIED, CLAIMING COMMON LAW STATUS
	DATE FIRST CONSIDERED YOURSELVES MARRIED _____
	HAVE YOU PREVIOUSLY FILED A JOINT RETURN TOGETHER? Y___ N___ If so, When? _____
	HAVE EITHER OF YOU PREVIOUSLY FILED A JOINT RETURN WITH ANYONE ELSE & HAVE NOT BEEN LEGALLY DIVORCED FROM THAT PERSON? Y___ N___ IF SO, PROVIDE DETAILS.

<input type="checkbox"/>	3. MARRIED SEPARATE	WHY _____
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<input type="checkbox"/>	DO YOU UNDERSTAND THAT THIS STATUS USUALLY RESULTS IN HIGHER TAXES?
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SPOUSE NAME		SSN	
<input type="checkbox"/>	LIVED WITH SPOUSE ALL YEAR	LIVED WITH SPOUSE	From _____ To _____
<input type="checkbox"/>	DID NOT LIVE WITH SPOUSE FOR EVEN 1 DAY		

<input type="checkbox"/>	4. HEAD OF HOUSEHOLD	NAME OF QUALIFYING PERSON _____	(Complete Dep. Worksheet)
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<input type="checkbox"/>	YOU HAVE NEVER BEEN MARRIED	<input type="checkbox"/>	WIDOWED. DATE _____
<input type="checkbox"/>	HAVE YOU EVER FILED A JOINT RETURN WITH ANYONE?		
<input type="checkbox"/>	DIVORCED or COURT ORDERED SEPARATION. Date of Decree _____		
<input type="checkbox"/>	MARRIED BUT LIVED APART FROM SPOUSE		

	DATES YOU LIVED WITH SPOUSE. [ ] NONE	From _____	To _____
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WHAT COULD YOU SHOW TO IRS TO PROVE SPOUSE HAD SEPARATE RESIDENCE?  
 Lease/Mortgage \_\_\_\_\_ Utility Bills \_\_\_\_\_ Other \_\_\_\_\_

WHAT COULD YOU SHOW TO IRS TO PROVE YOU PAID MORE THAN 1/2 COST OF MAINTAINING A HOME?  
 Lease/Mortgage \_\_\_\_\_ Utility Bills \_\_\_\_\_ Other \_\_\_\_\_  
 Lease/Mortgage \_\_\_\_\_ Insurance \_\_\_\_\_ Other \_\_\_\_\_  
 Property Taxes \_\_\_\_\_ Repairs/Maint \_\_\_\_\_ Other \_\_\_\_\_

DID YOU RECEIVE ANY NON TAXABLE ASSISTANCE? VA \$ \_\_\_\_\_ Minister \$ \_\_\_\_\_ Combat \$ \_\_\_\_\_  
 Family Support \$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_ Housing Assistance \$ \_\_\_\_\_ Childcare Assistance \$ \_\_\_\_\_

<input type="checkbox"/>	5. QUALIFYING WIDOW/WIDOWER
	SPOUSE'S NAME _____ D.O.D. _____
	NAME OF QUALIFYING CHILD? _____ (Must Complete Dependent Info Sheet)