2016 PERSONAL DATA

Name	SSN	Date of Birth	Healthcare coverage ALL year			
Taxpayer						
Spouse					<u> </u>	
Street address, city, state, and ZIP					<u> </u>	
Occupation		Daytime Phone	Evening Pho	ne Cell	Cell Phone	
Taxpayer						
Spouse						
Taxpayer Email						
Spouse Email						
Marital Status at end of 2016	Taxpayer	Spouse				
Married	Yes No	Yes	☐ No Are you b	lind?		
Married filing separately	Yes No	Yes	No Are you d	isabled?		
_ Single	Yes No	Yes]No Are you a	full-time student		
Widow(er), Date of spouse's death if deceased in 2016	Yes No	Yes	No Do you wa	ant \$3 to go to the al Election Campaig	ın Fund?	

TAXPAYER IDENTIFICATION DRIVERS LICENSE OR STATE ISSUED PHOTO ID INFORMATION

Please complete information below and provide copy of drivers license or State Issued Photo IDs

	Indicate "D" (Drivers License), or "S" (State Issued ID)	Identification Number	Name of State	Issue Date	Expiration Date
TAXPAYER					
SPOUSE					

Estimates						
	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2015						
First quarter						
Second quarter			•		-	
Third quarter						
Fourth quarter	· · · · · · · · · · · · · · · · · · ·					
Additional payments					• •	