

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?

Yes

No

Your Date of Birth

Legally blind?

Does your spouse want \$3 to go to the Presidential Election Campaign Fund?

Yes

No

Spouse's Date of Birth

Legally blind?

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 2003

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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 \$700? _____

Income Taxes Paid

Federal

State

Local

2003 Estimates:

Amount paid

Date paid

Amount paid

Date paid

Amount paid

Date paid

April 15, 2003

June 15, 2003

Sept. 15, 2003

Jan. 17, 2004

2002 overpayment applied

2002 Balance due

2002 Refund