Client Name _____ Client #

KKC	1040	US	Client Information	1
	Resident stat	e as of 12/31	(last year) (2)	
Resident Status	1=full year re		(1)	
	1=multi-state		(1)	Filing Status
	State return(s		V etc.)	1 = Single
	ırn(s) (i.e. US,	2 = Married filing joint		
lectronic rett			(1)	3 = Married filing separate
	Filing status 1=MFJ versus			4 = Head of household
Filing		5 = Qualifying widow(er)		
Status	1=married fili			
	1=married fili	Daytime Phone		
	Year spouse	_		
	First name ar			1 = Work 2 = Home
	Last name	(2)		Z = Horrie
	Title/suffix	(
	Social securi			Dependent Status
Taxpayer	Occupation	(2		Dependent Status
	Date of birth	(m/d/y) (i		1 = Not applicable
	Date of death	n (m/d/y)		2 = Taxpayer could be a
	Dependency stati			dependent
	1=blind	(3 = Taxpayer claimed as a dependent
	First name ar	nd initial (2)		иерепиетт
	Last name	(2)		
	Title/suffix	(
Spouse				
	Social securi	ty 110. (2		
	Occupation			
	Date of birth	(IIII ary)		
	Date of death	n (m/d/y) (
	1=blind			
	1=use foreign			
	In care of	(4		
	Street addres			
Address	Apartment nu			
	City	(2)		
	State	(
	ZIP code	(1)		
	Region	(2		
Foreign	Postal code	(1		
Address	Country	(2		
	Home phone	(1-		
Taxpayer Contact Information	Work phone	(14		
	Work extension	on (
	Daytime phor	011		
		ic (table)		
	Mobile phone	•		
	Pager number	er (2)		
	Fax number			
	E-mail addre			
	Home phone	(1-		
	Work phone	(14		
0	Work extensi			
Spouse Contact	Daytime phor			
Information	Mobile phone			
	Pager number			
	Fax number	(14		
	E-mail addre	ss (4)		
	aii addire			

Client Name Client #

KKC	1040	US		Client Information (continued)	Client #	1 p2
IXIXO			(40)	Shelit illiotillation (continued)		ı pz
	Salutation [O] Custom filter		(20)			
	Firm number		(2)		Prepar	ed By
	Preparer number		(2)		1 = Firm	
	Designee no., if di		(2)		2 = Non-paid	d preparer
Miscellaneous			(2)		3 = Self-pre	pared
	Prepared by (s		(1)			
	Database report state		(2)			
	Promise date		(8)			
	Priority		(6)			
	Primary conta	ct	(40)			
						1 p2

Client Name _____ Client #

KKC 1040 DEPENDENTS First name Last name Title/suffix	US	(20)				# 2	1	# 3	2
First name Last name		(20)		1		# 2		# 3	
Last name		(20)							· · · · · · · · · · · · · · · · · · ·
			d l						
Litle/suffix									
D 1 (1111) ((111)		(8)							
Date of birth (m/d/y)									
Date of death (m/d/y) (8)									
Social security number (11) Relationship (Table 1 or describe) (13)									
relationship (Table 1 of describe)									
Months lived at home		(1)							
Type of dependent (Tab									
Earned income credit (Table 3) (1) Child tax credit (Table 4) (1)									
Child tax credit (Table 4		(1)							
1-daded for Form 10-tox									
Claimed by: 1=taxpayer		(1)							
1=dependent exemption not c	aimed each year	(1)							
Exemption (Table 5)		(1)		4					
DEPENDENTS		(20)				# 6	1		
First name		(20)							
Last name		(5)							
Title/suffix		(8)							
Date of birth (m/d/y)		(8)							
Date of death (m/d/y)		(11)							
Social security number	د ما شده داد	(13)							
Relationship (Table 1 o	describe)	(2)							
Months lived at home	1- 2)	(1)							
Type of dependent (Tab		(1)							
Earned income credit ((1)							
Offilia tax credit (Table +)									
1=added for Form 1040 Claimed by: 1=taxpayer		(1)							
1=dependent exemption not c		(1)							
Exemption (Table 5)	aimeu each year	(1)							
						_			
1 Relationship	2 _{Ty}	pe (of Dependent	3 Earned Inco	me Credit	4 Child Tax Cre	dit	5 E	cemption
Adopted child Nephe Aunt Niece Brother None Child Other Daughter Parent Father Sister Foster child Son Grandchild Stepch Grandparent Uncle Mother	(defa 2=Child 3=Depe 4=HH c 5=EIC	1=Child at living w/ taxpayer (default) 2=Child not living w/ taxpayer 3=Dependent other than child 4=HH only, not a dependent 5=EIC only, not a dependent		1=When applicable (default) 2=Student age 19 to 23 3=Disabled age 19 or older 4=Force 5=Suppress		1=When applicable (default) 2=Force 3=Suppress		1=Claim this year 2=Suppress this year 3=Claim in odd years 4=Claim in even years	
									2