

**You will need:**

- Tax Information such as Forms W-2, 1099, 1098, 1095.
- Social security cards or ITIN letters for all persons on your tax return.
- Picture ID (such as valid driver's license) for you and your spouse.

- Please complete pages 1-4 of this form.
- You are responsible for the information on your return. Please provide complete and accurate information.
- If you have questions, please ask the IRS-certified volunteer preparer.

Volunteers are trained to provide high quality service and uphold the highest ethical standards.  
To report unethical behavior to the IRS, email us at [wi.voltax@irs.gov](mailto:wi.voltax@irs.gov)

**Part I - Your Personal Information** (If you are filing a joint return, enter your names in the same order as last year's return)

|  |  |   |   |  |
|--|--|---|---|--|
| 1. Your first name<br><b>LISA</b>  | M.I.<br><b>M.I.</b>                    | Last name<br><b>SIMPSON</b>   | Best contact number<br><b>609 111 1111</b>  | Are you a U.S. citizen?<br><input type="checkbox"/> Yes <input type="checkbox"/> No        |
| 2. Your spouse's first name  | M.I.<br><b>M.I.</b>                    | Last name   | Best contact number   | Is your spouse a U.S. citizen?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Mailing address<br><b>123 MAIN ST</b>   | Apt #<br><b>1</b>                      | City<br><b>TRENTON</b>  | State<br><b>NJ</b>  | ZIP code<br><b>08618</b>   |
| 4. Your Date of Birth<br><b>7/4/98</b>   | 5. Your job title<br><b>BUS DRIVER</b> | 6. Last year, were you:<br>b. Totally and permanently disabled<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | a. Full-time student<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | c. Legally blind<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    |
| 7. Your spouse's Date of Birth   | 8. Your spouse's job title             | 9. Last year, was your spouse:<br>b. Totally and permanently disabled<br><input type="checkbox"/> Yes <input type="checkbox"/> No     | a. Full-time student<br><input type="checkbox"/> Yes <input type="checkbox"/> No            | c. Legally blind<br><input type="checkbox"/> Yes <input type="checkbox"/> No               |
| 10. Can anyone claim you or your spouse as a dependent?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure   |  |   |   |  |
| 11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure |  |   |   |  |
| 12. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)   |  |   |   |  |

**Part II - Marital Status and Household Information**

1. As of December 31, 2022, what was your marital status?

Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married

Divorced

Legally Separated

Widowed

a. If Yes, Did you get married in 2022?  
 Yes  No

b. Did you live with your spouse during any part of the last six months of 2022?  
 Yes  No

Date of final decree \_\_\_\_\_

Date of separate maintenance decree \_\_\_\_\_

Year of spouse's death \_\_\_\_\_

2. List the names below of:  
• everyone who lived with you last year (other than your spouse)  
• anyone you supported but did not live with you last year

If additional space is needed check here  and list on page 3

**To be completed by a Certified Volunteer Preparer**

| Name (first, last) Do not enter your name or spouse's name below | Date of Birth (mm/dd/yy) | Relationship to you (for example: son, daughter, parent, none, etc) | Number of months lived in your home last year | US Citizen (yes/no) | Resident of US, Canada, or Mexico last year (yes/no) | Single or Married as of 12/31/22 (S/M) | Full-time Student last year (yes/no) | Totally and Permanently Disabled (yes/no) | Is this person a qualifying child/relative or any other person? (yes/no) | Did this person provide more than 50% of his/her support? (yes/no/a) | Did this person have less than \$2,400 of income? (yes/no/(a)) | Did the preparer(s) provide more than 50% of this person's support? (yes/no/a) | Did the preparer(s) pay more than half the cost of maintaining a home for this person? (yes/no) |
|--|--------------------------|---|---|---------------------|--|--|--------------------------------------|---|--|--|--|--|---|
| MARY SIMPSON   | 7/4/21                   | SON   | 12  | Y                   |  | S                                      |                                      |   |  |  |  |  |   |