

Taxpayer's Checklist

Taxpayer

Name: _____ Last name: _____
 Social Security #: _____ Major: _____ DOB: _____ Country: _____

Spouse

Name: _____ Last name: _____
 Social Security #: _____ DOB: _____ County: _____

Dependents

First Name	Last Name	Social Security :	DOB	Relationship

Date Entered & Departed from United States for the last 3 years

Date Entered in the US	Date Departed US	Date Entered in the US	Date Departed US

WAGES, Scholarship or Fellowship

Payer's Info:	Did you receive Tax Form?	
	YES	NO

Contact Info

Mailing Address	City & State	Zip code

Phone Number		
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Email address	
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Bank info	Routing #	Account #

Date:

 Taxpayer

 Spouse