

NEW DEPENDENT INFORMATION

New Dependents in 2021? Yes

No #1

SSN _____

NAME _____

DOB _____

#2

SSN _____

NAME _____

DOB _____

CHILD CARE INFORMATION

NO CHILD CARE EXPENSE

Participate in Dependent Care Benefits (pre-tax through payroll)? Yes No

Provider 1

Name _____

Same as last year

If new: Tax ID _____

Address _____

City _____ Zip _____

Telephone (____) _____

Amount paid to provider #1 \$ _____

Amount paid per child _____ \$ _____

_____ \$ _____

_____ \$ _____

CHILD CARE INFORMATION

Provider 2

Name _____

Same as last year

If new: Tax ID _____

Address _____

City _____ Zip _____

Telephone (____) _____

Amount paid to provider #2 \$ _____

Amount paid per child _____ \$ _____

_____ \$ _____

_____ \$ _____

Please attach a supplement for additional Child Care providers

FOREIGN BANK ACCOUNTS

Name of country or countries where foreign account(s) are held:

Names of individuals who are no longer dependents for 2022

IF YOUR BANK ACCOUNT FOR DIRECT DEPOSIT OF ANY REFUND HAS CHANGED SINCE LAST YEAR – CHECK HERE

Total Medical Expenses Paid

(only amounts exceeding 7.5% of adjusted gross income are deductible - do not include pre-tax insurance premiums deducted from wages)

\$ _____

Total Property Taxes Paid (do not include rentals)

\$ _____

Deductible DMV Fees (Only the Vehicle License Fee)

\$ _____

Total Student Loan Interest Paid

\$ _____

Tuition paid out of pocket for non-job related education (college level)

Family Member Amount Level

Mortgage Interest Paid on your 1st and 2nd homes (do not include rentals)

Lender	Amt.	HELOC?
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

OTHER UNREIMBURSED EXPENSES OR DEDUCTIONS NOT LISTED ABOVE

OTHER COMMENTS OR ISSUES