

Federal Information Worksheet

2025

Ashby & Associates



Part I - Personal Information

Taxpayer:

Last Name

First Name

Middle Initial

Social Security Number

Occupation

Date of Birth

Spouse:

Last Name

First Name

Middle Initial

Social Security Number

Occupation

Date of Birth

E-mail Address

Work Phone

Cell Phone

Home Phone

E-mail Address

Work Phone

Cell Phone

Home Phone

Address1

Address2

City

State

Zip

Address1

Address2

City

State

Zip

Part II - Federal Filing Status - Use a Checkmark or "x" to indicate your status - just click

Single

Married - Jointly

Married - Separately

Did NOT live w/ spouse

Eligible to Claim Spouse

Head of Household

Qualifying Widow(er)

Year Spouse Died



PRINT

Part III - Dependents

DEPENDENT1

Last Name

First Name

Middle Initial

Social Security Number

Date of Birth

Relationship: - Use a Checkmark or "x" to indicate status

Son

Daughter

Step-Child

Foster Child

Grand-child

Other



DEPENDENT2

Last Name

First Name

Middle Initial

Social Security Number

Date of Birth

Relationship: - Use a Checkmark or "x" to indicate status

Son

Daughter

Step-Child

Foster Child

Grand-child

Other



DEPENDENT3

Last Name

First Name

Middle Initial

Social Security Number

Date of Birth

Relationship: - Use a Checkmark or "x" to indicate status

Son

Daughter

Step-Child

Foster Child

Grand-child

Other



DEPENDENT4

Last Name

First Name

Middle Initial

Social Security Number

Date of Birth

Relationship: - Use a Checkmark or "x" to indicate status

Son

Daughter

Step-Child

Foster Child

Grand-child

Other

