

2018 Main Information Worksheet for Form 1040

Taxpayer Name

First Name _____ M.I. _____ Last Name _____ Social Security Number _____

Spouse Name if a Joint Return

First Name _____ M.I. _____ Last Name _____ Social Security Number _____

Address Information

Want \$3 to go to Presidential Campaign You Spouse Full-year health care coverage or exempt.

Filing Status

- Single
- Married Filing Jointly
- Married Filing Separately > > >
- Head of Household
- Qualifying Widow(er) > > >

Electronic Filing

Paper Filing

Enter spouse's SSN above and full name here _____

Enter year spouse died _____

Individual Filer Information

Taxpayer

Spouse

| | | |
|---|-------|-------|
| ID type (Driver's License of State ID) | _____ | _____ |
| ID number | _____ | _____ |
| ID issuing state | _____ | _____ |
| ID issue date | _____ | _____ |
| ID expiration date | _____ | _____ |
| Date of birth (mm/dd/yyyy) | _____ | _____ |
| Date of death (mm/dd/yyyy) | _____ | _____ |
| Identity protection PIN (if applicable) | _____ | _____ |
| Home Phone Number | _____ | _____ |
| Work Phone Number | _____ | _____ |
| Cell Phone Number | _____ | _____ |
| Fax Number | _____ | _____ |
| Email Address | _____ | _____ |
| Occupation | _____ | _____ |

Check if:

- | | | |
|--|--------------------------|--------------------------|
| Age 65 or older | <input type="checkbox"/> | <input type="checkbox"/> |
| Deaf | <input type="checkbox"/> | <input type="checkbox"/> |
| Disabled | <input type="checkbox"/> | <input type="checkbox"/> |
| Blind | <input type="checkbox"/> | <input type="checkbox"/> |
| If someone can claim, you as a dependent | <input type="checkbox"/> | <input type="checkbox"/> |

Bank Account Information (Needed for Direct Deposit / E-Filing)

Account holder First Name, Middle Initial, Last Name or Business name _____

Bank name _____ Routing # _____ Account # _____

Type of Account Checking Savings Account type Personal Business

Bank Address _____