

# Dependent Information Sheet

G & V Tax and Insurance

625 E. 170<sup>th</sup> st. Suite 1NW South Holland IL. 60473

Info.gvtax1040@hpeprint.com

Tel: 708.331.8730 Fax: 708.331.8735

Please complete the following information as accurately as possible

## Dependent #1

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN #: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

## Dependent #2

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN #: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

## Dependent #3

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN #: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

## Dependent #4

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN #: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

## Dependent #5

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN #: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

## Childcare Information

Provider Name: \_\_\_\_\_

Providers EIN/SSN #: \_\_\_\_\_ Amt. Paid: \$ \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_