Dependent Information Sheet

G & V Tax and Insurance

625 E. 170th 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: _____