

480

Department of Time Management

(102)

2022

DOC No. 4387-1023

Department Use Only - Do not write or staple in this space.

Relationship Status

☐ Single
☐ Married filing jointly
☐ Married filing separately (MFS)
☐ Head of Household (HOH)
☐ Qualifying widow(er) (QW)

Check only one.

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial		Last name		Your phone number	
If joint return, spouse's first name and middle initial		Last name		Spouse's phone number	
Home address (number and street). If you have a P.O. box, see instructions.				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below.			State		ZIP code
Foreign country name		Foreign province/state/county		Foreign postal code	

Name Return Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

☐ You
☐ Spouse

At any time during 2022, did you receive, sell, exchange, or otherwise dispose of any illicit substances?

☐ Yes
☐ No

Dependent Status

Someone can claim:

☐ You as a dependent
☐ Your spouse as a dependent

☐ Spouse itemizes on a separate form

Age/Blindness

You:

☐ Were born before January 2, 1957
☐ Are blind

Spouse:

☐ Was born before January 2, 1957
☐ Is blind

<div>Dependents</div> <div>If more than three dependents, see instructions and check here ▶ <input type="checkbox"/></div>	(see instructions)		(2) Phone number	(3) Relationship to you	(4) Accompanying	Dependency class
	(1) First name	Last name				