Daytime phone number

Taxpayer(s) must sign here

Spouse's signature and occupation (if joint return)

Your signature

Your occupation

Date

E-mail:

number (PIN)

E-mail:

Paid preparer must complete (see instructions)

Third-party

designee? (see instr.)

Preparer's signature

Yes

Address

E-mail:

No

Firm's name (or yours, if self-employed)

Preparer's NYTPRIN

Mark an **X** if self-employed