



Group Name

Group Client ID no.

Principal Applicant Client ID no.

DOCUMENT CHECKLIST - GROUP OF FIVE

The Group has enclosed the following items in the envelope(s):

- Completed and signed Undertaking/Application to Sponsor (IMM 5373) _____
- Settlement Plan and Financial Assessment (IMM 5373A) _____
- Completed document checklist (IMM 5437) _____
- Use of a Representative (IMM 5476), if applicable _____

If you are attaching *additional* documents to your application form, list them in this section:

Other Sources of Funds

- Supporting financial documents (if applicable) _____

Group Member Checklist: (if there are more than five members, add an additional page)

Member 1 (Name: _____)

1. Identification _____
2. Financial Profile form (IMM 5373B) (if applicable) _____
3. Proof of income document(s) (if applicable) _____
4. Sponsorship Assessment form (IMM 5492) _____

Member 2 (Name: _____)

1. Identification _____
2. Financial Profile form (IMM 5373B) (if applicable) _____
3. Proof of income document(s) (if applicable) _____
4. Sponsorship Assessment form (IMM 5492) _____

Member 3 (Name: _____)

1. Identification _____
2. Financial Profile form (IMM 5373B) (if applicable) _____
3. Proof of income document(s) (if applicable) _____
4. Sponsorship Assessment form (IMM 5492) _____

Member 4 (Name: _____)

1. Identification _____
2. Financial Profile form (IMM 5373B) (if applicable) _____
3. Proof of income document(s) (if applicable) _____
4. Sponsorship Assessment form (IMM 5492) _____

Member 5 (Name: _____)

1. Identification _____
2. Financial Profile form (IMM 5373B) (if applicable) _____
3. Proof of income document(s) (if applicable) _____
4. Sponsorship Assessment form (IMM 5492) _____

Income Tax Return for Single and Joint Filers With No Dependents (99)

Label
(See page 12.)
Use the eGov label. Otherwise, please print or type.

Presidential Election Campaign
(page 12)

L A B E L H E R E	Your first name and initial	Last name
	If a joint return, spouse's first name and initial	Last name
	Home address (number and street). If you have a P.O. box, see page 12.	Apt. no.
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 12.	

Your social security number
: : :
: : :
Spouse's social security number
: : :
: : :

▲ Important! ▲
You must enter your SSN(s) above.

Note. Checking "Yes" will not change your tax or reduce your refund.
Do you, or spouse if a joint return, want \$3 to go to this fund? Yes No Yes No

Income

Attach Form(s) here. Enclose, but do not attach, any payment.

Note. You must check Yes or No.

1	Total wages, salaries, and tips. This should be shown in box 1 of your form(s).	1	
2	Taxable interest.	2	
3	Unemployment compensation, qualified state tuition program earnings, and Alaska Permanent Fund dividends (see page 14).	3	
4	Add lines 1, 2, and 3. This is your adjusted gross income .	4	
5	Can your parents (or someone else) claim you on their return? Yes. Enter amount from <input type="checkbox"/> worksheet on back. No. If single , enter 7,450.00. If married , enter 13,400.00. See back for explanation.	5	
6	Subtract line 5 from line 4. If line 5 is larger than line 4, enter 0. This is your taxable income .	6	

Credits, payments, and tax

7	Rate reduction credit. See the worksheet on page 14.	7	
8	Enter your Federal income tax withheld from box 2 of your W-2 form(s).	8	
9a	Earned income credit (EIC). See page 15.	9a	
	b Nontaxable earned income. 9b		
10	Add lines 7, 8, and 9a. These are your total credits and payments .	10	
11	Tax. If you checked "Yes" on line 5, see page 20. Otherwise, use the amount on line 6 above to find your tax in the tax table on pages 24–28 of the booklet. Then, enter the tax from the table on this line.	11	

Refund

Have it directly deposited! See page 20 and fill in 12b, 12c, and 12d.

12a	If line 10 is larger than line 11, subtract line 11 from line 10. This is your refund .	12a	
b	Routing number <input style="width: 150px;" type="text"/>	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number <input style="width: 150px;" type="text"/>		

Amount you owe

13	If line 11 is larger than line 10, subtract line 10 from line 11. This is the amount you owe . See page 21 for details on how to pay.	13	
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Third party designee

Do you want to allow another person to discuss this return? **Yes.** Complete the following. **No**

Designee's name	Phone no. ()	Personal identification number (PIN)
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Sign here

Joint return? See page 11. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number ()
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid preparer's use only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no. ()	