Primary name (as shown on Social Security Card):				Spouse name (as shown on Social Security Card):				
SSN: Date		Date of Birth		SSN:			Date of Birth	
Driver's License Yes / No	State	Issue Date	Expire Date	Driver's License Yes /	/ No	State	Issue Date	Expire Date
Email Address:			Email Address:					
Occupation:				Occupation:				
Can anyone claim you as a dependent? Yes / No				Can anyone claim you as a dependent? Yes / No				
Were you married as of 1	.2/31/2021? Y	'es / No				103 /	140	<u> </u>
If married, live together? Yes / No				If no, when did you separate ? (MM/DD/YYYY): / /				
Address:						State:	Zip Code:	
Phone (Day):			Phone (Spouse if any):					
			Date of Birth	S S or ITIN#	Received (Child Credit	Relationship	# of Months
As shown on Social Secuirty card			(MM/DD/YYYY	Number	Months	Amount	To Taxpayer	Lived in home
1.								
2.								
3.								
4.								
Can anyone else claim the	e dependent(s)	listed above? Y	es / No					
How many of each of the	following Inco	me statements/tv	nes do vou bave f	for 20212				
Type #			Туре		Туре		#	
W-2			1099-R (Retireme	ent)			, Partner, Estate)	#
		SSA-1099 (Social Security)			Alimony Received			
		1099-B (Sale of S	Stocks or Bonds)		Railroad Retirement			
099-Div (Dividend Income) Rental Income					1099-C (Cancellation of Debt)			
L099-Misc (IRA,401k,Retirement) Installment Sales								
1099-G (Unemployment/State Refund) Like-Kind Exchan			ges					
Self-employed? Yes / I	lo if yes, w	nat type of busine	ss?		·			