

# PERSONAL INPUT FORM

## YOU

First Name: MI:  
Last Name: Suffix:  
Social Security Number:  
Date of Birth:  
Date of Death:  
Occupation:  
Are you a full time student: YES NO  
Are you a dependent of another: YES NO  
Identification: License Passport Other  
We need a copy of your identification document  
Type if Other:  
Number:  
Issued by: State Federal  
Date issued:  
Date expires:

## SPOUSE

First Name: MI:  
Last Name: Suffix:  
Social Security Number:  
Date of Birth:  
Date of Death:  
Occupation:  
Are you a full time student: YES NO  
Are you a dependent of another: YES NO  
Identification: License Passport Other  
We need a copy of your identification document  
Type if Other:  
Number:  
Issued by: State Federal  
Date Issued:  
Date Expired:

Home address: City: State: ZIP:

Daytime Phone: Preferred Evening Phone: Preferred

Mobile Phone: Preferred Best time to Call: Any Time AM Afternoon PM

Email:

Were you legally Married on December 31 of last year: YES NO

Did your spouse live with you from 6 months or more: YES NO

Do you have control or signing authority of any financial accounts outside of the US: YES NO

Do you own any crypto currency? YES NO

If you have a choice, how do you want to file: S MFJ MFS HoH QW