

Additional Information

1. Veteran's name:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX middle smith Sr.

7A. City, state, zip, country:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX, MD, 21231, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

7A. Street address:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

8A. Preferred e-mail address:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX@XXXXXXXXXXXXXXXXXXXXXXXXXXXXX.com

8B. Alternate e-mail address:

altXXXXXXXXXXXXXXXXXXXXXXXXXXXX@XXXXXXXXXXXXXXXXXXXXXXXXXXXXX.com

9A. Disability(ies) Line 1:

XX

9B. Date disability(ies) began Line 1:

12/01/2016

9A. Disability(ies) Line 2:

XX

9B. Date disability(ies) began Line 2:

12/01/2016

11B. Please list the other name(s) you served under:

name1 last1, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX, name2 last2

12A. I entered active service on Line 1:

06/26/2012

12B. Branch of service Line 1:

army

12C. Release date or anticipated date of release from active service Line 1:

04/10/2013

12A. I entered active service on Line 2:

06/26/2012

12B. Branch of service Line 2:

army2

12C. Release date or anticipated date of release from active service Line 2:

04/10/2013

12E. Place of last or anticipated separation:

XX

14A. What is the name and address of your reserve/national guard unit?:

XX

111 Uni Drive
Baltimore, MD, 21231
USA

16B. List amount (if known):

\$999999999999999999

17A. What was the name and address of your employer? Line 1:

1
str1
1, MD, 21231
USA

17B. What was your job title? Line 1:

worker1

17C. When did your job begin? Line 1:

04/01/2012

17D. When did your job end? Line 1:

05/01/2013

17E. How many days were lost due to disability? Line 1:

1

17F. What were your total annual earnings? Line 1:

\$10

17A. What was the name and address of your employer? Line 2:

2
str2
2, MD, 21231
USA

17B. What was your job title? Line 2:

worker2

17C. When did your job begin? Line 2:

04/02/2012

17D. When did your job end? Line 2:

05/02/2013

17E. How many days were lost due to disability? Line 2:

2

17F. What were your total annual earnings? Line 2:

\$20

17A. What was the name and address of your employer? Line 3:

3
str2
2, MD, 21231
USA

17B. What was your job title? Line 3:

worker2

17C. When did your job begin? Line 3:

04/02/2012

17D. When did your job end? Line 3:

05/02/2013

17E. How many days were lost due to disability? Line 3:

2

17F. What were your total annual earnings? Line 3:

\$20

19A. Date of marriage Line 1:

03/01/1985

19A. Place of marriage Line 1:

marriagelocation1

19B. To whom married Line 1:

Mark1 Olson

19C. Type of marriage Line 1:

type1

19D. How marriage terminated Line 1:

divorce1

19E. Date marriage terminated Line 1:

04/01/1985

19E. Place marriage terminated Line 1:

location1

19A. Date of marriage Line 2:

03/02/1985

19A. Place of marriage Line 2:

marriagelocation2

19B. To whom married Line 2:

Mark2 Olson

19C. Type of marriage Line 2:

type2

19D. How marriage terminated Line 2:
divorce2

19E. Date marriage terminated Line 2:
04/02/1985

19E. Place marriage terminated Line 2:
location2

19A. Date of marriage Line 3:
03/02/1985

19A. Place of marriage Line 3:
marriagelocation2

19B. To whom married Line 3:
Mark2 Olson

19C. Type of marriage Line 3:
type2

19D. How marriage terminated Line 3:
divorce2

19E. Date marriage terminated Line 3:
04/02/1985

19E. Place marriage terminated Line 3:
location2

19F. If you indicated "other" as type of marriage in item 19c, please explain:
XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXx

21A. Date of marriage Line 1:
03/01/1985

21A. Place of marriage Line 1:
marriagelocation1

21B. To whom married Line 1:
spouse1 Olson

21C. Type of marriage Line 1:
type1

21D. How marriage terminated Line 1:
divorce1

21E. Place marriage terminated Line 1:
location1

21E. Date marriage terminated Line 1:
04/01/1985

22H. How much do you contribute monthly to your spouse's support?:

\$999999999999999999999999

23A. Name of dependent child Line 1:

outside1 Olson

23A. Name of dependent child Line 2:

outside2 Olson

23A. Name of dependent child Line 3:

outside3 Olson

23A. Name of dependent child Line 4:

outside4 Olson

23A. Name of dependent child Line 5:

parent Olson

23A. Name of dependent child Line 6:

Mark1 Olson

23B. Date of birth Line 6:

06/01/2012

23B. Place of birth Line 6:

place1

23C. Social security number Line 6:

111223331

23F. Stepchild Line 6:

true

23G. 18-23 years old (in school) Line 6:

true

23H. Seriously disabled Line 6:

true

23I. Child married Line 6:

true

23J. Child previously married Line 6:

true

23A. Name of dependent child Line 7:

Mark1 Olson

23B. Date of birth Line 7:

06/01/2012

23B. Place of birth Line 7:

place1

23C. Social security number Line 7:

111223331

23D. Biological Line 7:

true

23G. 18-23 years old (in school) Line 7:

true

23H. Seriously disabled Line 7:

true

23I. Child married Line 7:

true

23J. Child previously married Line 7:

true

23A. Name of dependent child Line 8:

Mark2 Olson

23B. Date of birth Line 8:

06/02/2012

23B. Place of birth Line 8:

place2

23C. Social security number Line 8:

111223332

23E. Adopted Line 8:

true

23G. 18-23 years old (in school) Line 8:

true

23H. Seriously disabled Line 8:

true

23I. Child married Line 8:

true

23J. Child previously married Line 8:

true

23A. Name of dependent child Line 9:

Mark3 Olson

23B. Date of birth Line 9:

06/03/2012

23B. Place of birth Line 9:

place3

23C. Social security number Line 9:

111223333

23E. Adopted Line 9:

true

23G. 18-23 years old (in school) Line 9:

true

23H. Seriously disabled Line 9:

true

23I. Child married Line 9:

true

23J. Child previously married Line 9:

true

24A. Name of dependent child Line 1:

outside1 Olson

24B. Child's complete address Line 1:

str1

city1, MD, 21231

USA

24C. Name of person the child lives with Line 1:

person1 Olson

24D. Monthly amount you contribute to the child's support Line 1:

\$1

24A. Name of dependent child Line 2:

outside2 Olson

24B. Child's complete address Line 2:

str2

city1, MD, 21231

USA

24C. Name of person the child lives with Line 2:

person2 Olson

24D. Monthly amount you contribute to the child's support Line 2:

\$2

24A. Name of dependent child Line 3:

outside3 Olson

24B. Child's complete address Line 3:

str3

city1, MD, 21231

USA

24C. Name of person the child lives with Line 3:

person3 Olson

24D. Monthly amount you contribute to the child's support Line 3:

\$3

24A. Name of dependent child Line 4:

outside4 Olson

24B. Child's complete address Line 4:

str4

city1, MD, 21231

USA

24C. Name of person the child lives with Line 4:

person4 Olson

24D. Monthly amount you contribute to the child's support Line 4:

\$4

24A. Name of dependent child Line 5:

parent Olson

25. Recipient Line 1:

Myself

25. Source and amount Line 1:

Cash/non-interest bearing bank accounts: \$1

25. Recipient Line 2:

Myself

25. Source and amount Line 2:

Interest-bearing bank accounts: \$2

25. Recipient Line 3:

Myself

25. Source and amount Line 3:

Ira's, keogh plans, etc.: \$3

25. Recipient Line 4:

Myself

25. Source and amount Line 4:

Stocks, bonds, mutual funds, etc.: \$4

25. Recipient Line 5:

Spouse

25. Source and amount Line 5:

Real property: \$5

25. Recipient Line 8:

outside1 Olson

25. Source and amount Line 8:

Name1: \$8

25. Recipient Line 9:

Spouse

25. Source and amount Line 9:

Cash/non-interest bearing bank accounts: \$9

25. Recipient Line 10:

Spouse

25. Source and amount Line 10:

Stocks, bonds, mutual funds, etc.: \$4

26. Recipient Line 1:

Myself

26. Source and amount Line 1:

Social security: \$1

26. Recipient Line 2:

Spouse

26. Source and amount Line 2:

Social security: \$2

26. Recipient Line 3:

Myself

26. Source and amount Line 3:

U.s. civil service: \$3

26. Recipient Line 4:

Spouse

26. Source and amount Line 4:

U.s. railroad retirement: \$4

26. Recipient Line 5:

Myself

26. Source and amount Line 5:

Black lung benefits: \$5

26. Recipient Line 6:

Spouse

26. Source and amount Line 6:

Service retirement: \$6

26. Recipient Line 7:

Myself

26. Source and amount Line 7:

Supplemental security income (ssi)/public assistance: \$7

26. Recipient Line 8:

Spouse

26. Source and amount Line 8:

Name1: \$8

26. Recipient Line 9:

outside1 Olson

26. Source and amount Line 9:

Name2: \$9

26. Recipient Line 10:

outside1 Olson

26. Source and amount Line 10:

Name3: \$10

26. Recipient Line 11:

Spouse

26. Source and amount Line 11:

U.s. civil service: \$11

27. Recipient Line 1:

Myself

27. Source and amount Line 1:

Gross wages and salary: \$1

27. Recipient Line 2:

Spouse

27. Source and amount Line 2:

Gross wages and salary: \$2

27. Recipient Line 3:

Myself

27. Source and amount Line 3:

Total dividends and interest: \$3

27. Recipient Line 4:

Myself

27. Source and amount Line 4:

Name1: \$4

27. Recipient Line 5:

Spouse

27. Source and amount Line 5:

Name2: \$5

27. Recipient Line 6:

parent Olson

27. Source and amount Line 6:

Name3: \$6

27. Recipient Line 7:

parent Olson

27. Source and amount Line 7:

Gross wages and salary: \$1

27. Recipient Line 8:

parent Olson

27. Source and amount Line 8:

Total dividends and interest: \$3

28. Amount paid by you Line 1:

\$1

28. Purpose Line 1:

purpose1

28. Paid to Line 1:

paidTo1

28. Date paid Line 1:

04/01/2012

28. Relationship of person for whom expenses paid Line 1:

Myself

28. Amount paid by you Line 2:

\$2

28. Purpose Line 2:

purpose2

28. Paid to Line 2:

paidTo2

28. Date paid Line 2:

04/02/2012

28. Relationship of person for whom expenses paid Line 2:

Myself

28. Amount paid by you Line 3:

\$3

28. Purpose Line 3:

purpose3

28. Paid to Line 3:

paidTo3

28. Date paid Line 3:

04/03/2012

28. Relationship of person for whom expenses paid Line 3:

Myself

28. Amount paid by you Line 4:

\$4

28. Purpose Line 4:

purpose4

28. Paid to Line 4:

paidTo4

28. Date paid Line 4:

04/04/2012

28. Relationship of person for whom expenses paid Line 4:

Myself

28. Amount paid by you Line 5:

\$5

28. Purpose Line 5:

purpose4

28. Paid to Line 5:

paidTo4

28. Date paid Line 5:

04/04/2012

28. Relationship of person for whom expenses paid Line 5:

Myself

29. Checking account number:

8885656568888888

30. Name of financial institution:

XX