

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

21A. Date of marriage Line 2:
03/02/1985

21A. Place of marriage Line 2:
marriagelocation2

21B. To whom married Line 2:
spouse2 Olson

21C. Type of marriage Line 2:
type2

21D. How marriage terminated Line 2:
divorce2

21E. Date marriage terminated Line 2:
04/02/1985

21E. Place marriage terminated Line 2:
location2

21A. Date of marriage Line 3:
03/01/1985

21A. Place of marriage Line 3:
marriage1 location1

21B. To whom married Line 3:
spouse1 Olson

21C. Type of marriage Line 3:
type1

21D. How marriage terminated Line 3:
divorce1

21E. Place marriage terminated Line 3:
location1

21E. Date marriage terminated Line 3:
04/01/1985

21F. If you indicated "other" as type of marriage in item 21c, please explain:

spouse
XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX, spouse other

22F. What is your spouse's address?:
str1, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, MD, 21231,
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

22G. Tell us the reason why you are not living with your spouse:
XX

22H. How much do you contribute monthly to your spouse's support?:
99999999999999999999

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 Line 1:

CASH/NON-INTEREST BEARING BANK ACCOUNTS

25. Amount Line 1:

1

25. Recipient Line 2:

Myself

25. Source Line 2:

INTEREST-BEARING BANK ACCOUNTS

25. Amount Line 2:

2

25. Recipient Line 3:

Myself

25. Source Line 3:

IRA'S, KEOGH PLANS, ETC.

25. Amount Line 3:

3

25. Recipient Line 4:

Myself

25. Source Line 4:

STOCKS, BONDS, MUTUAL FUNDS, ETC.

25. Amount Line 4:

4

25. Recipient Line 5:

Spouse

25. Source Line 5:

REAL PROPERTY

25. Amount Line 5:

5

25. Recipient Line 8:

outside1 Olson

25. Amount Line 8:

8

25. Source Line 8:

name1

25. Recipient Line 9:

Spouse

25. Source Line 9:

CASH/NON-INTEREST BEARING BANK ACCOUNTS

25. Amount Line 9:

9

25. Recipient Line 10:

Spouse

25. Source Line 10:

STOCKS, BONDS, MUTUAL FUNDS, ETC.

25. Amount Line 10:

4

26. Recipient Line 1:

Myself

26. Source Line 1:

SOCIAL SECURITY

26. Amount Line 1:

1

26. Recipient Line 2:

Spouse

26. Source Line 2:

SOCIAL SECURITY

26. Amount Line 2:

2

26. Recipient Line 3:

Myself

26. Source Line 3:

U.S. CIVIL SERVICE

26. Amount Line 3:

3

26. Recipient Line 4:

Spouse

26. Source Line 4:

U.S. RAILROAD RETIREMENT

26. Amount Line 4:

4

26. Recipient Line 5:

Myself

26. Source Line 5:

BLACK LUNG BENEFITS

26. Amount Line 5:

5

26. Recipient Line 6:

Spouse

26. Source Line 6:

SERVICE RETIREMENT

26. Amount Line 6:

6

26. Recipient Line 7:

Myself

26. Source Line 7:

SUPPLEMENTAL SECURITY INCOME (SSI)/PUBLIC ASSISTANCE

26. Amount Line 7:

7

26. Recipient Line 8:

Spouse

26. Amount Line 8:

8

26. Source Line 8:

name1

26. Recipient Line 9:

outside1 Olson

26. Amount Line 9:

9

26. Source Line 9:

name2

26. Recipient Line 10:

outside1 Olson

26. Amount Line 10:

10

26. Source Line 10:

name3

26. Recipient Line 11:

Spouse

26. Source Line 11:

U.S. CIVIL SERVICE

26. Amount Line 11:

11

27. Recipient Line 1:

Myself

27. Source Line 1:

GROSS WAGES AND SALARY

27. Amount Line 1:

1

27. Recipient Line 2:

Spouse

27. Source Line 2:

GROSS WAGES AND SALARY

27. Amount Line 2:

2

27. Recipient Line 3:

Myself

27. Source Line 3:

TOTAL DIVIDENDS AND INTEREST

27. Amount Line 3:

3

27. Recipient Line 4:

Myself

27. Amount Line 4:

4

27. Source Line 4:

name1

27. Recipient Line 5:

Spouse

27. Amount Line 5:

5

27. Source Line 5:

name2

27. Recipient Line 6:

parent Olson

27. Amount Line 6:

6

27. Source Line 6:

name3

27. Recipient Line 7:

parent Olson

27. Source Line 7:

GROSS WAGES AND SALARY

27. Amount Line 7:

1

27. Recipient Line 8:

parent Olson

27. Source Line 8:

TOTAL DIVIDENDS AND INTEREST

27. Amount Line 8:

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