<form>

<div class="form-row">

<div class="form-group col-md-6">

<label for="inputEmail4">Email</label>

<input type="email" class="form-control" id="inputEmail4" placeholder="Email">

</div>

<div class="form-group col-md-6">

<label for="inputPassword4">Password</label>

<input type="password" class="form-control" id="inputPassword4" placeholder="Password">

</div>

</div>

<div class="form-group">

<label for="inputAddress">Address</label>

<input type="text" class="form-control" id="inputAddress" placeholder="1234 Main St">

</div>

<div class="form-group">

<label for="inputAddress2">Address 2</label>

<input type="text" class="form-control" id="inputAddress2" placeholder="Apartment, studio, or floor">

</div>

<div class="form-row">

<div class="form-group col-md-6">

<label for="inputCity">City</label>

<input type="text" class="form-control" id="inputCity">

</div>

<div class="form-group col-md-4">

<label for="inputState">State</label>

<select id="inputState" class="form-control">

<option selected>Choose...</option>

<option>...</option>

</select>

</div>

<div class="form-group col-md-2">

<label for="inputZip">Zip</label>

<input type="text" class="form-control" id="inputZip">

</div>

</div>

<div class="form-group">

<div class="form-check">

<input class="form-check-input" type="checkbox" id="gridCheck">

<label class="form-check-label" for="gridCheck">

Check me out

</label>

</div>

</div>

<button type="submit" class="btn btn-primary">Sign in</button>

</form>