

Full Name (first, middle and last)	SSN (please format xxx-xx-xxxx)	DOB (please format mm/dd/yyyy)	Email address(es)
Do you receive income from social security disability? Y/N If yes, amount:	Are you a veteran?	Citizenship status	Height (feet, inches)
Mother's maiden name:	Mother's middle name:	Father's middle name:	Total gross income last year:
Do you own a business? Y/N	Do you own property? Y/N	If Yes: Do you rent any property to tenants? Y/N	Total amount earned in tips in 2023:
List all other sources of income:	Marital status:	Do you need to file an amendment for last year's taxes? Y/N	Please list no. of dependents:

[illegible]

