

## Additional Information

3(1). Specify income recipient's relationship to veteran Line 1:  
CHILD

3(2). Specify name of income recipient (only needed if custodian of child, child, parent, or other)  
Line 1:  
Jane Doe

3(3). Specify the type of income Line 1:  
WAGES

3(4). Gross monthly income Line 1:  
99999.99

3(5). Specify income payer (name of business, financial institution, or program, etc.) Line 1:  
Generic Company, LLC

3(1). Specify income recipient's relationship to veteran Line 2:  
OTHER

3(1). Specify income recipient's relationship to veteran Line 2:  
Cousin

3(2). Specify name of income recipient (only needed if custodian of child, child, parent, or other)  
Line 2:  
Sam Jenkins

3(3). Specify the type of income Line 2:  
OTHER

3(3). Specify the type of income Line 2:  
Stocks

3(4). Gross monthly income Line 2:  
99

3(5). Specify income payer (name of business, financial institution, or program, etc.) Line 2:  
Investment Company

3(1). Specify income recipient's relationship to veteran Line 3:  
VETERAN

3(3). Specify the type of income Line 3:  
SOCIAL\_SECURITY

3(4). Gross monthly income Line 3:  
102.33

3(5). Specify income payer (name of business, financial institution, or program, etc.) Line 3:  
Social Security Administration

3(1). Specify income recipient's relationship to veteran Line 4:  
SPOUSE

3(3). Specify the type of income Line 4:  
RETIREMENT\_PENSION

3(4). Gross monthly income Line 4:  
1099.99

3(5). Specify income payer (name of business, financial institution, or program, etc.) Line 4:  
Pension Benefit Management

3(1). Specify income recipient's relationship to veteran Line 5:  
PARENT

3(2). Specify name of income recipient (only needed if custodian of child, child, parent, or other)  
Line 5:  
Edmund Doe

3(3). Specify the type of income Line 5:  
CIVIL\_SERVICE

3(4). Gross monthly income Line 5:  
12345.67

3(5). Specify income payer (name of business, financial institution, or program, etc.) Line 5:  
Personnel Management

3(1). Specify income recipient's relationship to veteran Line 6:  
CUSTODIAN

3(2). Specify name of income recipient (only needed if custodian of child, child, parent, or other)  
Line 6:  
Sam Doe

3(3). Specify the type of income Line 6:  
UNEMPLOYMENT

3(4). Gross monthly income Line 6:  
1000

3(5). Specify income payer (name of business, financial institution, or program, etc.) Line 6:  
Agency of Unemployment

5(1). Specify income recipient's relationship to veteran Line 1:  
CUSTODIAN

5(2). Specify name of income recipient (only needed if custodian of child, child, parent, or other)  
Line 1:  
Jim Brown

5(3). Identify the type of asset and submit the required form associated Line 1:  
FARM

5(4). Gross monthly income Line 1:  
5555.55

5(5). Specify value of your portion of the property Line 1:  
5555555.55

5(1). Specify income recipient's relationship to veteran Line 2:  
OTHER

5(1). Specify income recipient's relationship to veteran Line 2:

Friend

5(2). Specify name of income recipient (only needed if custodian of child, child, parent, or other)  
Line 2:

Brandon Jones

5(3). Identify the type of asset and submit the required form associated Line 2:  
BUSINESS

5(4). Gross monthly income Line 2:  
999.99

5(5). Specify value of your portion of the property Line 2:  
10000

5(1). Specify income recipient's relationship to veteran Line 3:  
PARENT

5(2). Specify name of income recipient (only needed if custodian of child, child, parent, or other)  
Line 3:  
Edmund Doe

5(3). Identify the type of asset and submit the required form associated Line 3:  
RENTAL\_PROPERTY

5(4). Gross monthly income Line 3:  
123.45

5(5). Specify value of your portion of the property Line 3:  
12345.67

5(1). Specify income recipient's relationship to veteran Line 4:  
CUSTODIAN

5(2). Specify name of income recipient (only needed if custodian of child, child, parent, or other)  
Line 4:  
Jim Brown

5(3). Identify the type of asset and submit the required form associated Line 4:  
FARM

5(4). Gross monthly income Line 4:  
1000

5(5). Specify value of your portion of the property Line 4:  
12345.67

7(1). Specify asset's original owner's relationship to veteran Line 1:  
OTHER

7(1). Specify asset's original owner's relationship to veteran (other) Line 1:  
Second cousin twice removed of my mother in law

7(10). What was the sale price? (if applicable) Line 1:  
823456700.89

7(11). What was the gain? (capital gain, etc.) Line 1:  
723456700.89

7(2). Specify how the asset was transferred Line 1:  
OTHER

7(2). Specify how the asset was transferred (other) Line 1:  
Earned income from doing work on my siblings house to clean in

7(3). What asset was transferred? Line 1:  
Clothes from my grandmothers attic which have been passed down through the family and are priceless - value estimated

7(4). Who received the asset? Line 1:  
JohnsonbergerheimerJohnathan JacobJingleheimerSchmidt Jr.

7(5). Relationship to new owner Line 1:  
Sibling

7(9). What was the fair market value when transferred? Line 1:  
100000000

7(1). Specify asset's original owner's relationship to veteran Line 2:  
OTHER

7(1). Specify asset's original owner's relationship to veteran (other) Line 2:  
Cousin

7(10). What was the sale price? (if applicable) Line 2:  
8234567.89

7(11). What was the gain? (capital gain, etc.) Line 2:  
7234567.89

7(2). Specify how the asset was transferred Line 2:  
OTHER

7(2). Specify how the asset was transferred (other) Line 2:  
Earned

7(3). What asset was transferred? Line 2:  
Clothes

7(4). Who received the asset? Line 2:  
John Doe Jr.

7(5). Relationship to new owner Line 2:  
Sibling

7(9). What was the fair market value when transferred? Line 2:  
1000000

7(1). Specify asset's original owner's relationship to veteran Line 3:  
CHILD

7(10). What was the sale price? (if applicable) Line 3:  
100

7(11). What was the gain? (capital gain, etc.) Line 3:  
0

7(2). Specify how the asset was transferred Line 3:

GIFTED

7(3). What asset was transferred? Line 3:  
Artwork

7(4). Who received the asset? Line 3:  
Jacob Doe Sr.

7(5). Relationship to new owner Line 3:  
Aunt

7(9). What was the fair market value when transferred? Line 3:  
123.12

7(1). Specify asset's original owner's relationship to veteran Line 4:  
PARENT

7(10). What was the sale price? (if applicable) Line 4:  
2000

7(11). What was the gain? (capital gain, etc.) Line 4:  
200.99

7(2). Specify how the asset was transferred Line 4:  
TRADED

7(3). What asset was transferred? Line 4:  
Bike

7(4). Who received the asset? Line 4:  
John Doe Jr.

7(5). Relationship to new owner Line 4:  
Brother

7(9). What was the fair market value when transferred? Line 4:  
1800.99

8(b). Date trust established (mm/dd/yyyy) Line 1:  
1982-02-02

8(c). Specify market value of all assets within the trust at time of establishment Line 1:  
500000

8(d). Specify type of trust established Line 1:  
IRREVOCABLE

8(e). Have you added funds to the trust after it was established? Line 1:  
false

8(h). Are you receiving income from the trust? Line 1:  
false

8(j). Is the trust being used to pay for or to reimburse someone else for your medical expenses?  
Line 1:  
false

8(l). Was the trust established for a child of the veteran who was incapable of self-support prior to reaching age 18? Line 1:

false

8(m). Do you have any additional authority or control of the trust? Line 1:  
false

8(b). Date trust established (mm/dd/yyyy) Line 2:  
1982-02-02

8(c). Specify market value of all assets within the trust at time of establishment Line 2:  
9000000

8(d). Specify type of trust established Line 2:  
BURIAL

8(e). Have you added funds to the trust after it was established? Line 2:  
true

8(f). When did you add funds? (mm/dd/yyyy) Line 2:  
1985-02-01

8(g). How much did you add? Line 2:  
200.12

8(h). Are you receiving income from the trust? Line 2:  
true

8(i). How much do you receive annually? Line 2:  
80000

8(j). Is the trust being used to pay for or to reimburse someone else for your medical expenses?  
Line 2:  
true

8(k). How much is being reimbursed monthly? Line 2:  
123456.78

8(l). Was the trust established for a child of the veteran who was incapable of self-support prior to reaching age 18? Line 2:  
true

8(m). Do you have any additional authority or control of the trust? Line 2:  
true

9(b). Specify date annuity was established Line 1:  
2020-01-01

9(c). Specify market value of asset at time of annuity purchase Line 1:  
1234568.89

9(d). Have you added funds to the annuity in the current or prior three years? Line 1:  
true

9(e). When did you add funds? Line 1:  
2022-02-02

9(f). How much did you add? Line 1:  
222222.22

9(g). Is the annuity revocable or irrevocable? Line 1:

true

9(h). Do you receive income from the annuity? Line 1:  
true

9(i). If yes in 9h, provide annual amount received Line 1:  
1222333.44

9(j). Can the annuity be liquidated? Line 1:  
true

9(k). If yes in 9j, provide the surrender value Line 1:  
5666777.88

9(b). Specify date annuity was established Line 2:  
1920-01-01

9(c). Specify market value of asset at time of annuity purchase Line 2:  
123.45

9(d). Have you added funds to the annuity in the current or prior three years? Line 2:  
false

9(g). Is the annuity revocable or irrevocable? Line 2:  
false

9(h). Do you receive income from the annuity? Line 2:  
false

9(j). Can the annuity be liquidated? Line 2:  
false

11(1). Specify income recipient's relationship to veteran Line 1:  
Sibling

11(1). Specify income recipient's relationship to veteran Line 1:  
OTHER

11(2). Specify name of income recipient (only needed if custodian of child, child, parent, or other)  
Line 1:  
John Smith

11(3). Specify income payer (name of business, financial institution, etc.) Line 1:  
Banking America

11(4). Specify type of income received (interest, dividends, etc.) Line 1:  
Dividends

11(5). Specify frequency of income received Line 1:  
ONE\_TIME

11(6). Date income last paid (mm/dd/yyyy) Line 1:  
01/01/2022

11(7). What was the gross annual amount reported to the irs? Line 1:  
123456.78

11(1). Specify income recipient's relationship to veteran Line 2:  
CUSTODIAN

11(2). Specify name of income recipient (only needed if custodian of child, child, parent, or other)  
Line 2:  
Brandon Johnson

11(3). Specify income payer (name of business, financial institution, etc.) Line 2:  
George Smith

11(4). Specify type of income received (interest, dividends, etc.) Line 2:  
Interest

11(5). Specify frequency of income received Line 2:  
IRREGULAR

11(6). Date income last paid (mm/dd/yyyy) Line 2:  
05/01/2000

11(7). What was the gross annual amount reported to the irs? Line 2:  
200000

11(1). Specify income recipient's relationship to veteran Line 3:  
VETERAN

11(3). Specify income payer (name of business, financial institution, etc.) Line 3:  
Banking America

11(4). Specify type of income received (interest, dividends, etc.) Line 3:  
Payments

11(5). Specify frequency of income received Line 3:  
RECURRING

11(6). Date income last paid (mm/dd/yyyy) Line 3:  
05/01/1920

11(7). What was the gross annual amount reported to the irs? Line 3:  
123.45

12(1). Specify income recipient's relationship to veteran Line 1:  
CUSTODIAN

12(2). Specify name of income recipient (only needed if custodian of child, child, parent, or other)  
Line 1:  
George Bankman

12(3). Specify income payer (name of business, financial institution, etc.) Line 1:  
Bank of America

12(4). If the income resumes, what amount do you expect to receive? Line 1:  
123567.9

12(5). Date payments will resume (mm/dd/yyyy) Line 1:  
04/01/2026

12(5). This income will not resume Line 1:  
NO

12(6). Waived gross monthly income Line 1:  
123456.78

12(1). Specify income recipient's relationship to veteran Line 2:  
PARENT

12(2). Specify name of income recipient (only needed if custodian of child, child, parent, or other)  
Line 2:  
John Smith

12(3). Specify income payer (name of business, financial institution, etc.) Line 2:  
Bank of America

12(5). This income will not resume Line 2:  
YES

12(6). Waived gross monthly income Line 2:  
100

12(1). Specify income recipient's relationship to veteran Line 3:  
VETERAN

12(3). Specify income payer (name of business, financial institution, etc.) Line 3:  
Banking Place

12(5). This income will not resume Line 3:  
YES

12(6). Waived gross monthly income Line 3:  
222.22