

Primary Tax Payer

Last name as per SSN card *

First Name

Middle Name

Marital Status

Select Marital Status

Date of Marriage

(DD/MM/YYYY)

Date of Birth (DD/MM/YYYY)

SSN/ITIN

Current Visa Category

Current Occupation

First date of entry to US

(DD/MM/YYYY)

Spouse

First date of entry to US

(DD/MM/YYYY)

First Name

Middle Name

Marital Status

Date of Marriage

(DD/MM/YYYY)

Date of Birth (DD/MM/YYYY)

SSN/ITIN

Current Visa Category

Current Occupation

First date of entry to US

(DD/MM/YYYY)

Current Street address

ravi ke ghar ke same

Apt Number

Qui ea excepturi similique cumque ips

City

Magnam iusto aperiam ducimus expe

State

Facilis veritatis deleniti labore.

Zip Code

Neque aspernatur ver

Country

Dolorum maiores sed quas commodi

Email ID

Quaerat quibusdam illo.

Mobile Number

Cupiditate explicabo

Work Number

Similique porro poss

Dependant First Name

ravi kant

Dependant Middle Name

IIIum possimus pariatur assumenda e

Dependant Last Name

Nobis explicabo possimus inventore e

SSN/ITIN

At quam nemo harum vel error magni

Dependant Visa Category

Voluptatum placeat p

Dependant Date of Birth

2024-02-09

Relationship

Delectus aliquid cumque.

First date of entry to US

(DD/MM/YYYY)

2024-01-04

Have you incurred any dependant care expenses

Deleniti accusamus m

STATE NAME - 1
Residency Start Date
(DD/MM/YYYY)
Residency End Date
(DD/MM/YYYY)
Rent Paid - Annual

Tax Payer	Spouse
Quo sssd ven	Debitis ex sur
2024-07-08	2022-11-04
2024-02-10	2023-08-28
11	12

STATE NAME - 2
Residency Start Date
(DD/MM/YYYY)
Residency End Date
(DD/MM/YYYY)
Rent Paid - Annual

Iste hic volup	Deleniti eius i
2024-01-09	2024-05-23
2022-12-13	2023-08-31
13	14