2021 Tax Organizer Personal Information

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		Name			SSN	Has IP PIN	Date of birth	
Taxpayer								
Spouse								
Name of pe	erson to wh	om all information should be addressed, if r	not the taxpayer					
Street add	dress, city	, state, and ZIP	a de la constanta de la consta				-	
		Occupation		Daytime phone	Evenir	g phone		Cell phone
Taxpayer								
Spouse								
Taxpayer e	email							¥
Spouse en	mail					· · · · · · · · · · · · · · · · · · ·		
		or your spouse disabled? or your spouse a full-time student?						
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Name:	De	ependent	and Other Ir	formatio	on		SSN	
Dependent Information							3314	AB- CANAL COLO
First and last name SSN		Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full- time student	Childcare Expenses
				-				
t dependents required to file a	a return							
Did you receive adv	vance payments of the 0	Child Tax Cred	dit from the IRS at	any time from	July through D	ecember 2	2021?	
If "Yes," enter the the amount rece	ne amount each taxpay eived as shown on IRS	er received ar Letter 6419, t	nd the number of coox 2. Or, provide I	nildren taken ₋etter 6419 fr	into account to om the IRS.	determine		
Spouse _								
hild and Other Depende	last year and filed a joir nt Care Expenses	nt return with y	your spouse, are y	ou filing a joir	nt return with the	e same spo	ouse this y	year?
Name of care provider		CRISC TRANSPORTED MONEY	Address		Comment of the second of the comment	SSN or EIN	, T	Amount Paid
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