

Part I – Your Personal Inform	nation (If you	are filing a jo	oint return	, enter y	our name	es in the s	same orde	er as iast	year's i	return)					
Your first name		M.I.	Last n	Last name					Best contact number			Are you a U.S. citizen? ☐ Yes ☐ No			
2. Your spouse's first name		M.I.	Last n	Last name					Best contact number			Is your spouse a U.S. citizen? ☐ Yes ☐ No			
3. Mailing address			•			Apt #	City					State	ZIP	code	
4. Your Date of Birth	5. Your job	5. Your job title			6. Last year, were you:				a. Full-t			ne student			
				b.	b. Totally and permanently disabled				Yes	☐ No	c. Legall	y blind	☐ Yes	☐ No	
7. Your spouse's Date of Birth	8. Your spo	use's job title	job title		9. Last year, was your spouse:						a. Full-tir	a. Full-time student		☐ No	
		•		b.	Totally ar	nd permar	nently disa	abled [	☐ Yes	☐ No	c. Legall	y blind	☐ Yes	☐ No	
10. Can anyone claim you or y	our spouse as	s a depende	nt? [	] Yes	☐ No	☐ Uns	ure								
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN?											☐ No				
12. Provide an email address (	optional) (this	email addre	ess will no	t be use	ed for con	tacts fron	n the Inter	rnal Reve	enue Se	rvice)					
Part II - Marital Status and	l Household	l Informati	on												
1. As of December 31, 2021, w	/hat □ Ne	ever Married	Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)												
was your marital status?	l you get	married ir	n 2021?					☐ Yes	☐ No						
			b. Di	d you liv	e with yo	ur spouse	e during a	any part c	of the las	st six mo	nths of 2021	l? ☐ Yes	☐ No		
	vorced	ed Date of final decree													
☐ Legally ☐ Widow			Separated Date of separate maintenance decree												
			Υe	ear of sp	spouse's death										
2. List the names below of:															
<ul> <li>everyone who lived with you</li> </ul>				e)											
anyone you supported but	did not live wi														
Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	to you (for	Number of months lived in your home last year	US Citizen (yes/no)	Resident of US, Canada, or Mexico last year (yes/no)	Single or Married as of 12/31/2 (S/M)	Student last year	Totally an Permaner Disabled (yes/no)							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)							
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