2019 DATA SHEET

TAX PAYER	SPOUSE
SSN	SSN
DOB	DOB
OCCUPATION	OCCUPATION
PHONE #	PHONE #
ID#	ID#
STATE	STATE
ISSUE DATE	ISSUE DATE
EXP. DATE	EXP. DATE

MARRIED Y/N

ADDRESS	ZIP CODE	
CITY	STATE	

DEPENDENTS					
DEPENDENT	SSN	DOB	RELATIONSHIP		