



TAXPAYER ADDITIONAL INFORMATION SLIP

COMPLETE AND SUBMIT WITH TAX INFORMATION

Taxpayer Name: _____ SSN: _____ DOB: _____

Spouse Name: _____ SSN: _____ DOB: _____

Dependent Information: Who are you claiming on your return:

Name: _____ SSN: _____ DOB: _____

Name: _____ SSN: _____ DOB: _____

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Please supply us with a copy of your 2021 return



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