

Personal Contact and Tax Information

Tax Payer Name: _____ Social Security#: _____ D.O.B. _____

Tax Payer Name: _____ Social Security#: _____ D.O.B. _____

Dependents:

Name: _____ Social Security# _____ D.O.B. _____

Name: _____ Social Security# _____ D.O.B. _____

Name: _____ Social Security# _____ D.O.B. _____

Name: _____ Social Security# _____ D.O.B. _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email Address: _____

Did you invest in Crypto? Yes / No

If yes Make sure to provide a statement of gain/loss of your transactions for 2021
see worksheet here if you don't have one of your own or need an example.