

**Please fill out top section if anything has changed. Or just check this box if everything is the same!**

Did you have health insurance all 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was that insurance through the Marketplace? Yes \_\_\_\_\_ No \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

Please circle how you prefer to be contacted ~ Home, work, cell, email

(NAMES AS CURRENTLY SHOWN ON SOCIAL SECURITY CARD)

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
SPOUSE NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
OCCUPATIONS--YOU \_\_\_\_\_ SPOUSE \_\_\_\_\_  
BLIND, DEAF OR DISABLED? YOU \_\_\_ SPOUSE \_\_\_

ADDRESS \_\_\_\_\_  
CITY-ZIP CODE \_\_\_\_\_  
SCHOOL DISTRICT \_\_\_\_\_

**DEPENDENTS (children)**

(NAMES AS CURRENTLY SHOWN ON SOCIAL SECURITY CARD)

NAME \_\_\_\_\_ S.S. NUMBER \_\_\_\_/\_\_\_\_/\_\_\_\_  
RELATIONSHIP \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_ S.S. NUMBER \_\_\_\_/\_\_\_\_/\_\_\_\_  
RELATIONSHIP \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

***REMEMBER TO BRING:***

- ALL W2'S AND 1099'S and 1098'S
- PROOF OF HEALTH INSURANCE  
1095-A, 1095-B, or 1095-C
- YEAR END PAY STUBS (if you have them)
- TAX BILLS PAID AND (IF DIFFERENT) TAX BILLS DUE
- ALL BROKERAGE STATEMENTS.
- MORTGAGE STATEMENT (S)

***Please fill out this section!!!!!!***

**DIRECT DEPOSIT OF REFUND** Same account as last year \_\_\_\_\_ I do not want direct deposit \_\_\_\_\_

***New account information!***

Bank Name \_\_\_\_\_ Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Account Type \_\_\_\_ ("C" for checking "S" for saving)