

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

Did you have health 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:

Proof of Dependent that you are claiming ~ even if I had it last year (SS card, birth certificate, something with your address and their name

ALL W2'S AND 1099'S and 1098'S

1095-A Marketplace Health Insurance

YEAR END PAY STUBS (if you have them)

MORTGAGE STATEMENTS

TAX BILLS PAID AND (IF DIFFERENT) TAX BILLS DUE (may need both for some people)

ALL BROKERAGE STATEMENTS. THIS INCLUDES K-1'S (for complex statements, these will be required to be dropped off before your appt or you will have to come back to pick up the finalized return)

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)