

DUE TO NEW Tax LAWS, FEES MAY INCREASE FOR PREPARING TAXES THIS YEAR.

Drop off Date: _____

New or Returning? (circle)

Taxpayer Name: _____

Phone number(s): _____

S.S. #: _____ Date Of Birth: _____

Spouse Name: _____ S.S. # _____ DOB: _____

Home Address: _____

Email Address: _____

2. Dependents (Children and Others) Please provide proof insurance

NAME (First and Last)	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	MONTHS LIVED WITH YOU	DISABLED	FULL TIME STUDENT

Bank Routing Number _____ Account Number _____

Name of the bank: _____ Checking _____ or Savings _____

Affordable Care Act Documents

1. Were you covered by a health insurance policy all year? **Yes/No**
If not, bring a schedule of the months for which you were covered and the premiums paid (include all members of your family)
2. Did your employer provide your health insurance? **Yes/No**
3. Were you eligible for an exemption by Healthcare.gov? If so, bring your approval letter with your Exemption Certificate Number (ECN)
4. Did you receive the advanced Premium Tax Credit through Healthcare.gov? If so, Form 1095-A must be provided to complete your tax return.

Important notes, changes and additions:

Signature: _____

By signing this form I acknowledge that any and all information provided in order to prepare my tax returns is accurate and complete to the best of my knowledge. In case of an audit, I am able to provide appropriate receipts, ledgers, and documents to support the items being claimed on this year's returns and realize that it is my responsibility to do so.