

DID YOU FILE LAST YEAR? _____ FILING STATUS: _____ # OF DEPENDENTS: _____

FIRST NAME: _____ LAST NAME: _____

SS: _____ DOB: _____

FIRST NAME: _____ LAST NAME: _____

SS: _____ DOB: _____

(Include dependents Name, SS, DOB, Driver License Info & Adjustable Gross Income)

DID YOU HAVE HEALTH INSURANCE ALL YEAR? _____

(If not, show the months you DID have insurance)

WAS YOUR INSURANCE THROUGH THE MARKET PLACE? _____

(If so, we must have the 1095 form)

OCCUPATION: _____

OWN HOME? _____ MORTGAGE INTEREST: _____

W2: _____ 1099: _____

WERE YOU A STUDENT? _____ (If so) FULL TIME: _____ PART TIME: _____

DRIVER LICENSE #: _____ STATE ISSUED: _____

DATE ISSUED: _____ EXP. DATE: _____

DRIVER LICENSE #: _____ STATE ISSUED: _____

DATE ISSUED: _____ EXP. DATE: _____

IF RECEIVING REFUND: DIRECT DEPOSIT CHECK

BANK ROUTING# _____

BANK ACCOUNT# _____

DATE RECEIVED: _____ PHONE# _____

COMPLETED: _____ NOTIFIED: _____