

TAXPAYER LAST NAME, FIRST NAME	
TAXPAYER DL STATE & ID#	
TAXPAYER DL ISSUE DATE & EXP DATE	
SPOUSE LAST NAME, FIRST NAME	
SPOUSE DL STATE/ID#	
SPOUSE DL ISSUE DATE & EXP DATE	
STREET ADDRESS	
CITY	
STATE	
ZIP	
HOME PHONE#	
CELL PHONE#	
WORK PHONE#	
EMAIL ADDRESS	
DIRECT DEPOSIT:	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SELECT TYPE: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
BANK NAME	
DIRECT DEPOSIT ROUTING#	
DIRECT DEPOSIT ACCOUNT#	

**FILL OUT ALL FIELDS BELOW:**

1. WERE THERE ANY DEPENDENTS BORN IN 2017? ☐ YES ☐ NO

IF YES:

NAME OF NEW DEPENDENT(S)	
BIRTHDATE OF NEW DEPENDENTS(S)	
SSN OF NEW DEPENDENT(S)	

2. DID ANY OF THE FOLLOWING APPLY TO ANY OF YOUR DEPENDENTS?

- a. TURN 18 IN 2017? ☐ YES ☐ NO
- b. MOVE OUT OF THE HOME IN 2017? ☐ YES ☐ NO
- c. ATTEND COLLEGE IN 2017? ☐ YES ☐ NO
- d. FILE THEIR OWN TAX RETURN FOR 2017? ☐ YES ☐ NO

IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN:

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3. DID ANY OF THE FOLLOWING APPLY TO YOUR FAMILY IN 2013?

- a. DID YOU RECEIVE A \$7500 FIRST TIME HOME BUYER CREDIT IN 2008? ☐ YES ☐ NO
- b. MAKE ENERGY EFFICIENT IMPROVEMENTS TO YOUR HOME? ☐ YES ☐ NO
- c. PURCHASE A HOME IN 2017 OR REFINANCE A MORTGAGE? ☐ YES ☐ NO
- d. CHANGES TO MARITAL STATUS IN 2017? ☐ YES ☐ NO

IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN:

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4. DID ALL MEMBERS OF YOUR FAMILY HAVE MINIMUM ESSENTIAL HEALTH COVERAGE FOR ALL 12 MONTHS IN 2017? ☐ YES ☐ NO \*\*\*\*IF YES, PLEASE PROVIDE FORM 1095-A OR 1095-C\*\*\*

IF NO, PLEASE INDICATE MONTHS ANY MEMBERS WERE WITHOUT COVERAGE IN 2017:

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**AFTER COMPLETED, PLEASE SIGN/DATE BELOW:**

TAXPAYER SIGNATURE	DATE
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