

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 2019? 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 2019? YES NO
- b. MOVE OUT OF THE HOME IN 2019? YES NO
- c. ATTEND COLLEGE IN 2019? YES NO
- d. FILE THEIR OWN TAX RETURN FOR 2019? YES NO

IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN:

3. DID ANY OF THE FOLLOWING APPLY TO YOUR FAMILY IN 2019?

- 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 2019 OR REFINANCE A MORTGAGE? YES NO
- d. CHANGES TO MARITAL STATUS IN 2019? Yes No

IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN:

4. DID ALL MEMBERS OF YOUR FAMILY HAVE MINIMUM ESSENTIAL HEALTH COVERAGE FOR ALL 12 MONTHS IN 2019? Yes No ****IF YES, PLEASE PROVIDE FORM 1095-A OR 1095-C****
IF NO, PLEASE INDICATE MONTHS ANY MEMBERS WERE WITHOUT COVERAGE IN 2019:

AFTER COMPLETED, PLEASE SIGN/DATE BELOW:

TAXPAYER SIGNATURE	DATE