

For Office Use Only

- Client Folder Pulled
  - Prepare as dropoff
  - Verified prior year fees PAID
  - Check if client has an appointment
- Appointment Date & Time \_\_\_\_\_



Today's date: \_\_\_\_/\_\_\_\_/2018

Tax Preparer \_\_\_\_\_

Last 4 of SSN

My Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Wrk Phone: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Your Cell Phone: \_\_\_\_\_ Spouse Cell: \_\_\_\_\_

My Physical Address: \_\_\_\_\_  
(No post office box here)

Your Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Spouse Email Address: \_\_\_\_\_

My Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check ALL that apply as of 12/31/2017:

- I am SINGLE
  - Never Married
  - Legally Divorced
  - I have a common law/same sex marriage (If so, which state \_\_\_\_\_)
  - I am a United States citizen
  - I have cared for a dependent for over half the year and paid more than half the cost of maintaining a home for that dependent.
- I am LEGALLY Married as of 12/31/2017
  - If separated: Date Separated \_\_\_\_/\_\_\_\_/\_\_\_\_
  - I have NOT lived with my spouse for the last 6 months of 2017 (July 1, 2017 thru 12/31/17)

Tell us about your monthly health insurance coverage throughout 2017 (INSERT CHECK MARKS IF COVERED):

Month	All 12 Months	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Taxpayer:													
Spouse:													

I certify that all information on this sheet was completed by me and is correct

\_\_\_\_\_  
Taxpayer's Signature

## Tell us about your Dependents

Check the box for each month that dependent was covered by a health insurance policy. If covered all 12 months, check first box only. YOU MAY BE SUBJECT TO A PENALTY FOR NOT PROVIDING HEALTH INSURANCE COVERAGE FOR YOUR DEPENDENTS.

	First Name	Middle Initial	Last Name	Suffix (JR, SR, III)	Social Security #	Date of Birth	# of Months Lived WITH YOU	Relationship	All 12 Months	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	
									N	B	R	R	Y	N	L	G	P	T	V	C		
1																						
2																						
3																						
4																						
5																						
6																						