Intake Form **Tax Year 2019**

Taxpayer

Full Legal Name: _____ Date of Birth: _____

Social Security Number: _____ Email: _____

Current Mailing Address: _____

Home Phone Number: _____ Cell Ph: _____

Employer: _____ Work Ph: _____

Health Insurance Provider: ☐ Employer (1095-B) ☐ Marketplace (Form 1095-A) ☐ None Other

_____

Did you have a full year of health coverage? ☐ Yes ☐ No If no, please

explain_____

Spouse

Full Legal Name: _____ Date of Birth: _____

Social Security Number: _____ Email: _____

Current Mailing Address: _____

Home Phone Number: _____ Cell Ph: _____

Employer: _____ Work Ph: _____

Health Insurance Provider: ☐ Employer (1095-B) ☐ Marketplace (Form 1095-A) ☐ None Other

_____

Did you have a full year of health coverage? ☐ Yes ☐ No If no, please

explain_____

Taxpayer Owned Corporation (Leave blank if you do not own a company)

Full Legal Name: _____

EIN Number: _____

Current Mailing Address: _____

Phone Number: _____ Email: _____

Dependent: *(Specify "N/A" if dependents do not apply.)*

Full Legal Name: _____ Date of Birth: _____

Current Mailing Address: _____ SS#: _____

Childcare Provider: _____

Address: _____

Federal ID Number: _____

Health Insurance Provider: ☐ Employer (1095-B) ☐ Marketplace (Form 1095-A) ☐ None Other

_____

Did dependent have full year of health coverage? ☐ Yes ☐ No If no, please

explain_____

Dependent:

Full Legal Name: _____ Date of Birth: _____

Current Mailing Address: _____ SS#: _____

Childcare Provider: _____

Address: _____

Federal ID Number: _____

Health Insurance Provider: ☐ Employer (1095-B) ☐ Marketplace (Form 1095-A) ☐ None Other

_____

Did dependent have full year of health coverage? ☐ Yes ☐ No If no, please

explain_____

Dependent:

Full Legal Name: _____ Date of Birth: _____

Current Mailing Address: _____ SS#: _____

Childcare Provider: _____

Address: _____

Federal ID Number: _____

Health Insurance Provider: ☐ Employer (1095-B) ☐ Marketplace (Form 1095-A) ☐ None Other

_____

Did dependent have full year of health coverage? ☐ Yes ☐ No If no, please

explain_____

_____

Extension Request: ☐ Personal ☐ Corporation **(Extensions are NOT automatically filed, you must request)**

TAXPAYER SIGNATURE: ____ DATE: ____________________