



TAXPAYER'S PERSONAL/GENERAL INFORMATION

PLEASE PRINT ALL REQUIRED INFORMATION LEGIBLY. ANY INCORRECT OR MISPELLED INFORMATION CAN RESULT IN A REJECTED STATUS FROM THE IRS.

FIRST NAME: _____ LAST NAME: _____
D.O.B: _____ PHONE: _____
SSN: _____ EMAIL: _____
ADDRESS: _____ OCCUPATION: _____

SPOUSE'S PERSONAL/GENERAL INFORMATION

FIRST NAME: _____ LAST NAME: _____
D.O.B: _____ PHONE: _____
SSN: _____ EMAIL: _____

DEPENDENT INFORMATION

PLEASE PRINT ALL REQUIRED INFORMATION LEGIBLY. ANY INCORRECT OR MISPELLED INFORMATION CAN RESULT IN A REJECTED STATUS FROM THE IRS.

FIRST NAME	LAST NAME	D.O.B	RELATIONSHIP	DAYCARE (Y OR N)	SSN

Have you purchased insurance through the marketplace for yourself or someone in your household? Y or N