

PERSONAL INFORMATION	TAXPAYER	SPOUSE						
Name (On file w/ Soc. Sec.)								
Date of Birth (mm/dd/yy)								
Active Vol. Firefighter or Ambulance Worker? Taxpayer Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse Yes <input type="checkbox"/> No <input type="checkbox"/>								
E-mail Address								
Occupation/Job Title								
Work Phone/Extension								
Cell Phone								
Home Phone								
Change of Address	Street							
	City	State	ZIP code					
REFUND OR AUTOMATIC WITHDRAWAL OF AMOUNTS DUE								
<input type="checkbox"/> Check or <input type="checkbox"/> Direct deposit Voided Check Enclosed <input type="checkbox"/> Did your account change from Last Year? Yes <input type="checkbox"/> No <input type="checkbox"/>								
DEPENDENT INFORMATION								
Did your dependents change this year? New Dependent or change in a dependent? List your current year dependents below. Did your dependent file their own tax return? Please provide us with a copy. Before they file their own return verify they are not claiming their own exemption.								
Dependent's Last Name, First Name, Middle Initial	Date of Birth	Social Security Number	Mos. in 2018 lived with you	Child Care Expenses*				
* Provide child care provider's name address and identification number for a dependent child under age 13, or costs of caring for a handicapped individual, so you could work, attend school or look for a job.* Includes day camps, preschool and nursery school.								
BEYOND HIGH SCHOOL EDUCATION TUITION AND FEES/PROFESSIONAL COURSE - Provide us with form 1098T and list dates and amounts of tuition paid, year in school, FT or PT attendance, list amounts paid for Room and Board, include amounts paid with financial aid or student loans, but do not include amounts paid with scholarship money.								
2018 HEALTH INSURANCE QUESTIONNAIRE - REQUIRED								
<input type="checkbox"/> Did you receive a Form 1095-A, 1095-B, or 1095-C for 2018? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, enclose copies) <input type="checkbox"/> Did you have health insurance every month of 2018? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Did your spouse have health insurance every month of 2018? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Did everyone else on your tax return (dependents) have health insurance every month of 2018? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If you answered "Yes", did you have receive premium assistance through a Health Care Exchange? \$ _____. If you answered "No" to any of the questions above, can you tell us why that person does not have health insurance? (Check all that apply) <input type="checkbox"/> My employer doesn't offer insurance. <input type="checkbox"/> I might be eligible for Medicaid but haven't applied. <input type="checkbox"/> My employer offers insurance, but it's too expensive. <input type="checkbox"/> I don't want/need insurance. <input type="checkbox"/> I tried to get health insurance but was denied due to my health. <input type="checkbox"/> I receive services at a low-cost or free clinic. <input type="checkbox"/> Insurance is too expensive. <input type="checkbox"/> Other What months didn't you have health insurance? _____								
2018 ESTIMATED TAX PAYMENTS *Please note actual check date								
	Federal	Date Paid	State	ID	Date Paid	Other State/Local	ID	Date Paid
1 st qtr pymt pd	\$		\$			\$		
2 nd qtr pymt pd	\$		\$			\$		
3 rd qtr pymt pd	\$		\$			\$		
4 th qtr pymt pd	\$		\$			\$		
Did you receive a Property Tax Rebate check in 2018? \$ _____								