A+ TAX ◆ **fax: 510.548.8251** ◆ **email: info@aplustax.org** ◆ **phone: 510.665.4830**

Your Personal Information

Health Insurance premium paid out-of-pocket, if any (do not include employer provided health insurance, and do not include any medical expenses other than insurance **premium**):

1. Did you have health insurance for you, your spouse (if filing jointly), and everyone that you can claim as a dependent for the **entire year**? Yes ☐ No ☐
2. Was your insurance coverage provided through the Marketplace (or "Health Insurance Exchange", like Covered California)? Yes ☐ No ☐

If you answered **"Yes" for #1 AND "No" for #2** above, then you do not need to fill out a separate "Health Care Questionnaire".

In all other cases, please make sure you fill out the separate Health Care Questionnaire sheet.

First name (& middle name): ;

Last name:

Social security number:

Date of Birth:

Street address:

City, State, and Zip code:

E-mail address:

Phone number:

Occupation:

Marital status - Select -

Your Spouse

First name (& middle name) :

Last name:

Social security number:

Date of Birth:

Occupation:

Your Dependents

	First name	Last name	Social. Sec. Number	Date of Birth	Dependent's relationship to you	Lives with you? *Yes/No*	Student age 19-23 or Disabled over 19? *Yes/No*
1.					- Select -		
2.					- Select -		
3.					- Select -		
4.					- Select -		
5.					- Select -		