



TAXPAYER (please provide a copy of your driver's license)

Name		Occupation	
Date of Birth		Phone Number	
SSN#		Email Address	

SPOUSE (please provide a copy of your driver's license)

Name		Occupation	
Date of Birth		Phone Number	
SSN#		Email Address	

ADDRESS

Street:			
City:		State:	
		Zip:	

DEPENDENTS (up to 6 people can be listed below)

#1. Name		#2. Name		#3. Name:	
SS#:		SS#:		SS#:	
DOB:		DOB:		DOB:	
Childcare?	Y N	Tuition?	Y N	Childcare?	Y N
		Tuition?	Y N		
#4. Name		#5. Name		#6. Name	
SS#:		SS#:		SS#:	
DOB:		DOB:		DOB:	
Childcare?	Y N	Tuition?	Y N	Childcare?	Y N
		Tuition?	Y N		

BANKING INFORMATION

Banking Institution:		Checking <input type="checkbox"/> OR Savings <input type="checkbox"/>
Routing Number:		
Account Number:		

Did you have healthcare coverage through the Health Insurance Marketplace?	Y	N
Did you receive Unemployment Compensation	Y	N

NOTES: _____

