

GENERAL INFORMATION & HEALTH CARE COVERAGE For Tax Year 2017

Current
Name: _____ **Address:** _____ **City/State/Zip:** _____

Did you move in 2017, if so what month? _____

Date of Birth _____
 (Taxpayer birthdate) (Spouse birthdate)

Contact Number: (Circle Preferred One) **Home Work or Cell:** _____

E-Mail: _____
 (Your E-mail address will not be distributed or used outside our private firm use.)

Direct Deposit:

Name of Bank: _____ **Routing Number:** _____ **Account Number:** _____

Check one: Savings _____ Checking _____

No Direct Deposit - Send Check _____

*****Please complete the following*****

HEALTH CARE COVERAGE

Beginning in 2014, all U. S. citizens are required to have health care coverage unless they qualify for an exemption from the coverage requirements. Please answer the following questions to enable us to accurately complete your 2017 federal income tax return:

For each month in 2017, did you have health care coverage for yourself, your spouse, and all members of your household who are eligible to be claimed as dependents on your tax return?

(Circle one) Yes No

Health care coverage was provided by: (Circle applicable.)

Employer

Independent Ins. Company (non-employer)

Market Place Exchange

*Other (please list or circle below) _____
 (e.g. Medicare, STRS, PERS, OPERS)*

If no health care coverage, please place an X in the table below of which month(s) you **did not** have health care coverage.

	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.
Taxpayer												
Spouse												

I (we) understand that it is my (our) responsibility to maintain health care coverage or obtain the proper exemption certification, and by signing below, I (we) hereby acknowledge that all information provided to Mark J. Cisco & Company, Ltd., in relation to my health care coverage is accurate.

Taxpayer

Spouse