

CLIENT UPDATE INFORMATION SHEET – 2019/2020

HAVE YOU CHANGED YOUR NAME? IF SO, HAVE YOU NOTIFIED THE SOCIAL SECURITY ADMINISTRATION? ALL NEW DEPENDENTS (BIRTH OR ADOPTION) MUST HAVE SOCIAL SECURITY NUMBERS.

TAXPAYER\* \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
SPOUSE\* \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
TAX RETURN ADDRESS \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_

TELEPHONE NUMBERS:

HOME \_\_\_\_\_  
TAXPAYER WORK \_\_\_\_\_  
TAXPAYER CELL \_\_\_\_\_  
SPOUSE WORK \_\_\_\_\_  
SPOUSE CELL \_\_\_\_\_  
FAX NUMBER \_\_\_\_\_

PLEASE INDICATE PREFERRED DAYTIME NUMBER\*

EMAIL ADDRESS:

TAXPAYER \_\_\_\_\_ SPOUSE \_\_\_\_\_

PERSONAL INFORMATION:

	<u>DATE OF BIRTH</u>	<u>SOCIAL SECURITY NUMBER</u>
TAXPAYER	_____	_____
SPOUSE	_____	_____

DEPENDENTS - NAMES MUST MATCH SOCIAL SECURITY CARDS F/T COLLEGE

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>SOCIAL SECURITY NUMBER</u>	<u>STUDENT Y/N</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HEALTH INSURANCE INFORMATION: (PLEASE PROVIDE ALL 1095 FORMS)

DID YOUR ENTIRE FAMILY HAVE MINIMUM HEALTH COVERAGE FOR ALL OF 2019 YES ( ) NO ( )

IF NO PLEASE EXPLAIN: \_\_\_\_\_

WAS THIS INSURANCE PURCHASED THROUGH THE MARKETPLACE OR EXCHANGE YES ( ) NO ( )