

CLIENT UPDATE INFORMATION SHEET – 2018/2019

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 2018 YES () NO ()

IF NO PLEASE EXPLAIN: _____

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