

REQUIRED ADDITIONAL INFORMATION FORM

PLEASE READ AND COMPLETE THE FOLLOWING:

Health Insurance

YES NO Is every member of your tax family 65 or older and covered by Medicare?
Were you covered by the Marketplace insurance? If so, please provide form 1095-A Health Insurance Marketplace Statement.

Starting in 2019 the Federal Shared Responsibility Payment no longer applies. However, if any member of your tax family received form 1095-A, it will be needed in order to accurately calculate your tax liability.

Refunds

YES NO I had a refund last year and I want all current year refunds directly deposited into the same bank account

Select (initial) one of the following 3 options

_____ I would prefer to have my refund sent via check

_____ Attached is a copy of a check or an actually voided check

_____ I will return with a voided check, unfortunately we may not be able to begin work on your return until this is provided.

Portal

YES NO I would like to receive access to my return via a secure portal for \$5.00, I understand the fee for this service is \$15 after my return is printed. We **WILL NOT** email confidential information, which includes your tax return.

All information needed to complete my and/or my dependent's tax return has been given to my tax preparer. I maintain receipts needed to support any information which requires them. I understand an additional charge will result due to any changes in information once my return has been completed. I understand I will receive a printed copy of my tax return when completed and that additional copies of the return, or tax statements (W2, 1099R, etc) will be made available at a cost of \$15 each.

Taxpayer and/or Spouse's printed name Date

Taxpayer and/or Spouse's signature Date

