



Health Insurance Coverage for taxpayer, spouse and dependents for 2019:

If you have health insurance coverage during the year, your employer or insurance company should provide you with a form 1095 (A, B or C-depending on the provider of the form). Please provide that document to us-see page 8 of this package). If you have not rec'd form 1095, please complete the information below and return to us.

Mark all boxes for each month the person had qualified health insurance coverage

Taxpayer/Spouse/ Dependent Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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FIRST YEAR CLIENTS: Please provide a copy of your last three (3) years of tax returns, both federal and state(s).

Please use this section, or attached additional pages as necessary, if there is additional information and/or supporting documentation, comments or questions.

Prepared by (Taxpayer/Spouse's name): _____

_____/_____
 Taxpayer Signature Date Spouse Signature Date

If you have business, trade, or rental expenses and/or you are clergy (ministers and missionaries), please download our Business, Rental and/or Clergy Organizers from our Web Site at <http://www.tillbutlercpa.com/pdforganizer.php>