

**NEW
TAX CLIENTS**

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ **CELL** _____

EMAIL ADDRESS: _____

NAMES OF EVERYONE IN THE HOUSEHOLD THEIR BIRTHDATES AND SOCIAL SECURITY #'S:

DO YOU HAVE HEALTH INSURANCE? _____

WHERE THROUGH: SOCIAL SECURITY EMPLOYER BADGER CARE AFFORDABLE CARE ACT

DID YOU INCLUDE YOUR FORM 1095A? YES NO