

PERSONAL TAX RETURNS - 1040

Current Client : Yes or No Whom may we thank for referring you? _____

Filing Status (please circle):	Single	Married Filing Joint	Married Filing Separate	Head of Household
Social Security #:	Taxpayer: / /		Spouse: / /	
Name:	(T) _____		(S) _____	
Birthdate:	(T) _____		(S) _____	
Physical Address:	_____			
City/State/Zip:	_____			
Mailing Address (if different):	_____			
Best Contact Number:	(T) _____		(S) _____	
Email:	(T) _____		(S) _____	
Occupation:	(T) _____		(S) _____	

WHO IS THE BEST CONTACT PERSON? _____

Would you like your Refund deposited or your Liability drafted out of your bank account? If Yes, include a VOIDED

DEPENDENTS

<u>NAME (as on SS Card)</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>Relationship</u>
1	/ /	- -	
2	/ /	- -	
3	/ /	- -	
4	/ /	- -	

Important: Additional 2019 information needed
Mandatory reporting to comply with the Affordable Care Act

1. Were all members of your household covered for all of 2019 by health insurance? (Yes/No)
 2. If #1 is NO, were all members of your household covered for at least 9 months and 1 day of the 2019 tax year? (Yes/No)
 3. Was any of your 2019 health insurance coverage through the Healthcare.gov/ ACA Marketplace? (Yes/No)
- If #3 is YES, attach form 1095-A, which you should have received from the Marketplace.

SIGNATURE REQUIRED: By your signature below, you are certifying that all of the information is accurate to the best of your knowledge.

X _____ Date _____

ADDITIONAL INFORMATION

REQUIRED: Taxpayer and Spouse signatures are required on all e-File Signature Authorization forms prior to Davis & Associates, CPA submitting all Personal and Corporate Returns.