

Did you have health insurance through the marketplace? YES: No:
(Please include Form 1095-A)

Taxpayer's State ID: Number: _____ Issued: _____ Expires: _____ State: _____
Spouse's State ID: Number: _____ Issued: _____ Expires: _____ State: _____

How will you receive your tax return?

mailing fee of \$8

PDF Copy (\$10 discount)	<input type="checkbox"/>
I will pick it up in person	<input type="checkbox"/>
I would like it mailed to me*	<input type="checkbox"/>

Will you be paying:

at pick-up (no fees apply)	<input type="checkbox"/>
via my refund (fees apply)	<input type="checkbox"/>

IF SELF EMPLOYED: How many days were you off due to covid-19?	
Were you employed by anyone else at that time who issued you a W2?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Please use the space below to let your preparer know of any changes in 2020 or any additional information necessary to complete your tax return: