

Healthcare Coverage Questionnaire

Print Full Name:

Was everyone on the tax return covered with health insurance for all of 2019?		Yes	No
If no, please indicate who was not covered and the months they were not covered?			
<input type="checkbox"/> Check here if taxpayer and/or spouse was covered by Medicare all year			
<input type="checkbox"/> Check here if ANY member of your household had insurance through the Marketplace at ANY time during the last year.			
Form(s) Received: <input type="checkbox"/> 1095A <input type="checkbox"/> 1095B <input type="checkbox"/> 1095C <input type="checkbox"/> Exemption (Check all that apply)			
Is your direct deposit the same as last year?		Yes	No
If new bank information please provide the following: Bank Name _____ Account # _____ Routing # _____			
Did you have any foreign brokerage or bank accounts?		Yes	No
In 2019, did you receive, sell, exchange or acquire any financial interest in virtual currency?		Yes	No
Has your driver's license expired since we last did your tax return?		Yes	No

Signature:

Date: