

# **REQUIRED ADDITIONAL INFORMATION FORM**

PLEASE READ AND COMPLETE THE FOLLOWING:

## **Health Insurance**

YES NO Is every member of your tax family 65 or older and covered by Medicare?  
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YES NO Is every member of your tax family covered by health insurance or Medicaid? If so we will need one or a combination of the following forms:  
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- > Proof of Medicaid coverage
- > 1095-C provided by your employer
- > 1095-A from "The Marketplace" (Obamacare)
- > 1095-B other insurance

If any (or all) members of the tax family are without insurance for part of or the entire year please initial if you wish to opt out of the shared responsibility penalty. I would like to opt out of the shared responsibility penalty. \_\_\_\_\_Initial

## **Refunds**

YES NO I had a refund last year and I want all current year refunds directly deposited into the same bank account  
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Select (initial) one of the following 3 options

\_\_\_\_\_ I would prefer to have my refund sent via check

\_\_\_\_\_ Attached is a copy of a check or an actually voided check

\_\_\_\_\_ I will return with a voided check, unfortunately we may not be able to begin work on your return until this is provided.

## **Portal**

YES NO I would like to receive access to my return via a secure portal for \$5.00, I understand the fee for this service is \$15 after my return is printed.

All information needed to complete my and/or my dependent's tax return has been given to my tax preparer. I maintain receipts needed to support any information which requires them. I understand an additional charge will result due to any changes in information once my return has been completed. I understand I will receive a printed copy of my tax return when completed and that additional copies of the return will be made available at a costs \$10 each.

\_\_\_\_\_  
Taxpayer and/or Spouse's printed name Date

\_\_\_\_\_  
Taxpayer and/or Spouse's signature Date