

# **J&B Tax Accountants, Inc.**

J&B Tax Accountants, Inc. will not share or sell your information with any other organization. This information is strictly for internal use only.

DATE: \_\_\_\_\_

**\*\*\* PLEASE PRINT CLEARLY \*\*\***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Primary E-Mail: \_\_\_\_\_ Secondary E-Mail: \_\_\_\_\_

Accountant (circle one): Dan J.D. Patti Corinne Theresa Sheryl Unknown

\*\*\* The Colorado Department of Revenue is taking new steps to safeguard personal information contained in tax records, and mitigate tax return and refund fraud caused by identity theft. To help secure your information, and expedite processing of your 2016 tax return, please provide your driver's license information below. \*\*\*

Taxpayer Driver's License State of Issue -	Spouse Driver's License State of Issue -
Number -	Number -
Issue Date -	Issue Date -
Expiration Date -	Expiration Date -

## **PLEASE ANSWER THE FOLLOWING QUESTIONS:**

**CIRCLE ONLY ONE**

1. Did J&B Tax prepare your last year's tax return? Yes No  
**\*\*NEW CLIENTS ONLY - WE WILL NEED A COPY OF YOUR PREVIOUS YEAR TAX RETURN\*\***
2. Did you purchase / sell / refinance any real estate in 2016? Yes No  
**(If Yes, we will need the Settlement Statement)**
3. Did anyone in your household attend college in 2016? Yes No
4. How many children will you be claiming on your 2016 tax return? \_\_\_\_\_ ( complete below )

Notes for preparer: \_\_\_\_\_

# **J&B Tax Accountants, Inc.**

## **Health Insurance Coverage Questionnaire** **(check all boxes that apply)**

### **Taxpayer**

- Had health insurance for the entire year. (\*)
- Had health insurance for part of the year. (\*)
- No health insurance for entire year.

(\*) Where was your insurance policy obtained? (circle one)

Employer      Medicare      Marketplace(Exchange)      Private

---

### **Spouse (if applicable)**

- Had health insurance for the entire year. (\*)
- Had health insurance for part of the year. (\*)
- No health insurance for entire year.

(\*) Where was your insurance policy obtained? (circle one)

Employer      Medicare      Marketplace(Exchange)      Private

---

### **Dependents (if applicable)**

- All of your dependents had health insurance for the entire year. (\*)
- All/some of your dependents had health insurance for part of the year. (\*)
- All/some of your dependents had no health insurance for entire year.

(\*) Where was your insurance policy obtained? (circle one)

Employer      Medicare      Marketplace(Exchange)      Private

---

Notes to Preparer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE** \_\_\_\_\_