



A Division of Hache Financial Solutions LLC
12515 Orange Drive, Suite 810, Davie, FL 33330
Phone (954) 618-1001 - Fax (954) 252-4572

Taxpayer's Personal Information and Consent of Accuracy

Filer's Name: _____ DOB: _____ SS#: _____

Occupation: _____ Email: _____

Joint Filer's Name: _____ DOB: _____ SS#: _____

Occupation: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Filing Status (Check one)

- Single Married filing jointly Married filing separately
 Head of household (with qualifying person) Qualifying widow(er) with dependent child

Dependent's Name: _____ DOB: _____ SS#: _____

Dependent's Name: _____ DOB: _____ SS#: _____

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Dependent's Name: _____ DOB: _____ SS#: _____

Health Insurance Coverage

Did everyone in your household, or declaring as dependents, have health insurance coverage in 2018? If no, please explain: _____

Bank account information - direct deposit, or mailed check (circle one, provide needed information):

Account #: _____

Routing #: _____

I understand it is my complete responsibility to provide correct and accurate information to be used for filing a Federal Tax Return and certify the information above is true to the best of my knowledge.

Name: _____

Signature: _____ Date: _____