

# *Dena Lacy Hartzell, C.P.A., Ltd. Inc.*



**DENA LACY HARTZELL, CPA, Ltd. Inc.**

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PLEASE PRINT, FILL IN AND SEND TO ME

VITALLY IMPORTANT: ARE YOU ON THE STATE HEALTH CARE EXCHANGE?

YES NO? If yes, we need your Form 1095-A

IMPORTANT: WE NEED ALL FORMS 1095 (A, B, C)

**Circle applicable answers below, Give Amount Paid for Health Insurance for the Whole Family, Sign & Date & Return to our Office.**

<b>Name</b>	<b>Insurance provider</b> (use multiple lines if more than one provider or source during the year)	<b>Source</b> (employer, exchange, or government)	<b>Months of 2023 when covered (circle as appropriate)</b>
Taxpayer-Total Amount Paid for whole family \$ _____			All Jan Feb March April May June July Aug. Sept Oct Nov Dec Please circle All or all that apply
Spouse			All Jan Feb March April May June July Aug. Sept Oct Nov Dec Please circle All or all that apply
Children			All Jan Feb March April May June July Aug. Sept Oct Nov Dec Please circle All or all that apply

- |   |           |
|---|-----------|
| 1) Foreign assets or financial accounts (Please Circle)               | Yes or No |
| 2) Own or use virtual (Digital) currency i.e. Bitcoin (Please Circle) | Yes or No |
| 3) Any Short Term Rentals (Home or Equipment) (Please Circle)         | Yes or No |
| 4) Did you receive a Form 1095-A (Health Ins Mkt) (Please Circle)     | Yes or No |

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

*Specializing in the Entertainment Industry*