

Dena Lacy Hartzell, C.P.A., 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.

Name	Insurance provider (use multiple lines if more than one provider or source during the year)	Source (employer, exchange, or government)	Months of 2024 when covered (circle as appropriate)
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

Foreign assets or financial accounts (Please Checkmark) Yes No

Own or use virtual (Digital) currency i.e. Bitcoin (Checkmark) Yes No

Any Short Term Rentals (Home or Equipment) (Checkmark) Yes No

Did you receive a Form 1095-A (Health Ins Mkt) (Checkmark) Yes No

SIGN _____ **Date** _____

Specializing in the Entertainment Industry