

# Premier Accounting Services

## Taxpayer

Name: \_\_\_\_\_ D.O.B \_\_\_\_\_ SSN# \_\_\_\_\_ Phone# \_\_\_\_\_

## Spouse

Name: \_\_\_\_\_ D.O.B \_\_\_\_\_ SSN# \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Did you live in the same state the entire year: Y N

**Martial Status:** Did you get Married or Divorced in 2018? Y N

List any dependents being claim on returns.... UNLESS you have filed with us using these dependents before.

1. Dependent Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SSN# \_\_\_\_\_

Dependents relationship to taxpayer: \_\_\_\_\_

Did they live with you for more than 6 months in 2018? Y N. If not, do you have form 8332? Y N

2. Dependent Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SSN# \_\_\_\_\_

Dependents relationship to taxpayer: \_\_\_\_\_

Did they live with you for more than 6 months in 2018? Y N. If not, do you have form 8332? Y N

Please list any additional dependents on the back.

**\*\*\*\* WE NEED A COPY OF EACH PERSONS DRIVERS LICENSE AND SOCIAL SECURITY CARD\*\*\*\***

These questions apply to **EVERY** person listed on your 2018 return.

\*Did every person listed on your return have health insurance for the full year in 2018? Y N

\*If yes, was the insurance provided by: employer, private purchased, or purchased on gov exchange?

**If insurance is purchased on the government exchange website, you must have form 1095-A to file your 2018 return.**

I have answered the above questions to the best of my knowledge. I am responsible for any false information given regarding my tax information.

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date