

Premier Accounting Services

Taxpayer

Name: _____ D.O.B _____ SSN# _____ Phone# _____

Spouse

Name: _____ D.O.B _____ SSN# _____ Phone# _____

Address: _____ City: _____ Zip: _____

Martial Status: Did you get Married or Divorced in 2018? Y N If so, date: _____

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.

NOTE: We cannot file your 2018 tax return "if" you purchased health insurance through the gov. exchange website and do not have the form 1095-A.

I have answered the above questions to the best of my knowledge. I am aware of the Affordable Care Act (ACA) that has been in effect since the 2014 tax season. I am aware that the ACA shared responsibility payment may affect my tax return for 2018 and that I am responsible for any false information given regarding my tax information.

Taxpayer Signature

Date

Spouse Signature

Date