



### Taxpayer Information

	First Name	Initial	Last Name	Social Security No.	Birthday
Taxpayer					
Spouse					
Full Address					

	Cell Phone #	Email Address	Occupation
Taxpayer			
Spouse			

Check if Taxpayer is  Disabled  Blind  Business Owner  
 Check if Spouse is  Disabled  Blind  Business Owner

### Drivers License Information

	Name as it appears on D.L.	D.L. Number	State	Issue Date	Expiration Date
Taxpayer					
Spouse					

### Dependent Information

	First Name	Last Name	Social Security No.	Birthday	Relationship	Disabled	Full Time Student**
1							
2							
3							
4							
5							
6							

\*Use the back of this paper if more space is needed

\*\*Between the ages of 19 and 23

Were all listed above covered by health insurance for all of 2019?  Yes  No  
 If yes, from where?  Employer  Marketplace  Other  
 If no, how many months were you without insurance? \_\_\_\_\_

### Business Information

Business Name	
Type of Business	
Full Address	

### Notes

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\*If you are a new client to Preferred Accounting please bring in the last 2 years of tax returns.