

**BENTON TAX ACCOUNTING LLC**  
**8900 Liberty Drive, Pleasant Valley, MO 64068**  
**Office (816) 792-1616 Fax (816) 792-1640**

Please complete this entire form so we can provide the BEST SERVICE! Thank You!

Are you a NEW Client? YES / NO

Who referred you to our firm?

First & Last Name		Spouse's Legal	
SS#		SS#	
Date of Birth		Date of Birth	
Occupation		Occupation	
Phone #		Phone #	

Email Address

Address

City, State, Zip

COUNTY

Did you MOVE, LIVE or WORK in the city limits of KCMO during 2018? Yes No Provide Dates:

On December 31st were you? SINGLE MARRIED LEGALLY SEPARATED DIVORCED WIDOWED  
 Can you be claimed on your parent's tax return or on anyone else's this year? YES NO  
 If Married, will you be filing joint or separate from your spouse? JOINT SEPARATE  
 Did you live with your spouse during the year? ALL NONE SOME (Dates)  
 Date of Legal Separation or Divorce Do you pay or receive Alimony? YES NO \$

**The "Insurance Penalty" is still in effect 2018 but will be phased out for 2019**

Did you have health insurance covering you, spouse and all dependents every month of 2018? YES NO  
 Was it through work? YES NO Was it through the Marketplace? YES NO  
 Did you self pay for any supplemental health, dental, Rx or Long Term Care Insurance? NO YES (list)  
 If you did NOT have health insurance for any month of the year or it lapsed - Please complete Questionnaire on back

**Who lived with you in your home? Please list.**

Full Legal Name	Social Security #	DOB	# Months lived w/you in 2018	Their Relationship to You

Do you have a court document or custody agreement for tax purposes about your children? YES NO  
 Did you provide more than half the cost of maintaining a home? Rent, Mortgage Interest, RE Tax, Home Insurance, Repairs, Utilities, Food? YES NO  
 Did you and your qualifying child live with anyone else for more than six months? YES NO  
 If you did, what was your relationship to this person? \_\_\_\_\_

If you have a refund would you prefer (Please check one):  Direct Deposit  Check Mailed  
 For Direct Deposit \*\*\* please provide a voided check or bank verification\*\*\*

Please sign verifying the info you have provided us is accurate & complete

Date \_\_\_\_\_

**X**

## 2018 Qualified Health Insurance Coverage Questionnaire Individual Shared Responsibility Provision

*Please take a moment to answer the following questions regarding your health insurance status.*

**1. List everyone on your tax return in the table below:**

Check ANY month when ANY individual **DID NOT HAVE** health insurance coverage

Name	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Taxpayer												
Spouse												
Dependent 1												
Dependent 2												
Dependent 3												
Dependent 4												

**2. Do you cover anyone with health insurance that is NOT on your tax return? List:**

Name

Relationship


**3. Are you EXEMPT for any reason? Explain your exemption:**

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**X**

**Date:**

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

**PREPARER NOTES:**

1. Mark boxes in software as they are checked above.
2. Copy all Forms 1095 into taxpayer's file
3. Did you check for unaffordability or another exemption?