

TAX QUESTIONNAIRE – NEW CLIENT FORM

Date: _____

Taxpayer's Name: _____

(Exactly as it appears on your Social Security Card)

Social Security Number: _____ - _____ - _____ Birth Date: _____

Taxpayer's Occupation: _____

Home/Work Number: _____ Cell Number: _____

Spouse's Name: _____

(Exactly as it appears on your Social Security Card)

Social Security Number: _____ - _____ - _____ Birth Date: _____

Spouse's Occupation: _____

Home/Work Number: _____ Cell Number: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Please mark your filing status:

Single _____ (Can anyone else claim you as a dependent on their return?) YES NO

Head of Household _____ (Not married or have been separated from your spouse the LAST 6 months of the year)

Married Filing Joint _____

Married Filing Separate _____ (If married filing separate, we need spouse's social security number and full name)

For Married Filing Separate: Spouse's Full Name: _____

Social Security Number: _____ - _____ - _____

Qualifying Widow(er) with dependent child _____

Dependent Information: (We will need to make copies of Social Security Cards, please present them to us at this time)

Name: _____ Name: _____

Birthday: _____ Birthday: _____

Social Security Number: _____ - _____ - _____ Social Security Number: _____ - _____ - _____

How many months did this dependent(s) live with you last year? _____

Can anyone else claim this dependent(s)? YES NO

Are there any childcare expenses to claim? If so, please list them on the lines below.

Name & Address of Daycare: _____ Amount Paid _____

EIN (Employer Identification Number) of Daycare or SS# (if it's an individual person): _____

Did you pay any interest on a student loan? If so, what was the amount paid: _____

Tuition Expenses: If you, your spouse, or any of your dependents attended a secondary school, we'll need the section below completed. If paid by loans, this also counts. We'll need to know what year they attended as well. If you received a 1098-T please bring it to your tax preparer.

Name of School: _____

Address: _____ Amount of Tuition: _____

Did you or your spouse put money into an IRA for last year OR will you by April 15th of this year? YES NO

Additional Questions: Did you or your spouse receive any of the following?

***If YES, please provide the form or proof.**

Unemployment YES NO

Gambling Winnings YES NO

Any 1099 (A-C-S-Misc.) forms YES NO

Do you own a home? YES NO

If so, do you have a mortgage? YES NO

Do you own your own business? YES NO

Do you own rental Property? YES NO

Do you have interest income from a bank account that you did not receive a 1099-INT? YES NO

Did you purchase solar for your home? YES NO

New IRS Requirements:

Did you buy, sell or receive cryptocurrencies? YES NO

Do you hold a foreign bank account? YES NO

Did you have health insurance for the entire year? YES NO

If you receive a refund, how would you like your refund processed?

Mailed: _____ Direct Deposit: _____

If Direct Deposit:

Will the account be a Checking or Savings account? _____

Name of Bank: _____

Routing Number: _____

Account Number: _____