

New Client Questionnaire

Please provide us with a copy of last year's tax return.

Taxpayer Name _____ Spouse _____
SS# _____ SS# _____
DOB _____ DOB _____
Occupation _____ Occupation _____
Mailing Address _____ City, State, Zip _____
Phone #s Daytime _____ Evening _____
Can we text you? Cell phone _____

What is your filing status? __ Single __ Married __ MFS __ Head of Household

Can anyone claim **YOU** as a dependent? If **YES**, please ask to speak with someone.

Do you have a dependent please provide information off their social security card:

Name _____
DOB _____
SS# _____

Lived with you in your home for 12 months? If **NO**, please ask to speak with someone.

Do you normally receive **EIC**? If yes please complete the EIC worksheet.

ADDITIONAL INFORMATION WE MIGHT NEED:

Affordable Care Act – please provide proof of health insurance provided by your insurance company for the entire year, also for your dependents.

Child Care Expenses - Please provide FID#, name, address and amount paid.

Itemized Deductions: Medical Expenses, Interest, RE Tax, Excise Tax and Charitable Contributions.

Rent - Please provide Landlord's name and address. Amount paid and what dates during current year you resided at current address.

Direct Deposit - Please provide a voided check.