

Client Questionnaire (New Clients- please provide a copy of your prior year tax returns)

Taxpayer's Name	
Taxpayer's SS#	

Spouse's Name	
Spouse's SS#	

Current Address	

	YES	NO
Did your address change since filing your last tax return?		
Was the move job related?		
Was move > than 50 miles?		

	<u>Taxpayer</u>	<u>Spouse</u>
Cell Phone #		
Email Address		
Occupation		
Date of Birth		

Are you....	Single	QW	HH	MFJ	MFS?
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Qualified Dependents	<u>Name</u>	<u>D.O.B</u>	<u>SS#</u>
1			
2			
3			
4			

	<u>YES</u>	<u>NO</u>
Have all your dependents lived with you for 12 months?		
Are any of your dependents filing a tax return this year?		
Do any of your dependants have Child Care Expenses? (under 13)		
(IF Yes, provide the following info for EACH child separately)		

	Child Name:	
	Dollar Amount Paid:	
	Providers Name, Address, SS# or EIN#:	
	Child Name:	
	Dollar Amount Paid:	
	Providers Name, Address, SS# or EIN#:	

Bank Account Info:	Routing #-	Account #-
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