

NEW CLIENT QUESTIONNAIRE 2018

Date \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiry Date \_\_\_\_\_

Spouse Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiry Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Bus Phone \_\_\_\_\_

Spouse Cell Phone \_\_\_\_\_ Bus Phone \_\_\_\_\_

Married Filing  Jointly  Filing Separately  Own Home  Renting

E-mail Address \_\_\_\_\_ Spouse e-mail \_\_\_\_\_

OK to send you emails?  Yes  No  Yes  No

What is your occupation? \_\_\_\_\_

Spouse occupation \_\_\_\_\_

Self Employed/Name of Business \_\_\_\_\_ Entity \_\_\_\_\_

Your Title \_\_\_\_\_ Spouse Title \_\_\_\_\_

If you receive a refund would you like  Direct Deposit or  Paper Check? If Direct Deposit please provide a void check.

Children:

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Will we be doing a return for any of your children? If yes which child \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\* BUSINESS OWNERS PLEASE COMPLETE SECOND PAGE\*\***

**Business Owners**

(1)

Name of Business \_\_\_\_\_

Tax ID# (EIN) \_\_\_\_\_

Type of Business (LLC, S-Corp, Sch C, etc) \_\_\_\_\_

Description of services \_\_\_\_\_

Number of Shareholders/Members \_\_\_\_\_ Year Incorporated \_\_\_\_\_

Names of Shareholders/Members 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

(2)

Name of Business \_\_\_\_\_

Tax ID# (EIN) \_\_\_\_\_

Type of Business (LLC, S-Corp, Sch C, etc) \_\_\_\_\_

Description of services \_\_\_\_\_

Number of Shareholders/Members \_\_\_\_\_ Year Incorporated \_\_\_\_\_

Names of Shareholders/Members 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

(3)

Name of Business \_\_\_\_\_

Tax ID# (EIN) \_\_\_\_\_

Type of Business (LLC, S-Corp, Sch C, etc) \_\_\_\_\_

Description of services \_\_\_\_\_

Number of Shareholders/Members \_\_\_\_\_ Year Incorporated \_\_\_\_\_

Names of Shareholders/Members 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_