

NEW CLIENT QUESTIONNAIRE

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. _____