

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. \_\_\_\_\_