

NEW CLIENT QUESTIONNAIRE 2020

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 Single Head of Household

Own Home Renting

E-mail Address _____ Spouse e-mail _____

OK to send you emails? Yes No Spouse? 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 _____ Date 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 _____ Date 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 _____ Date Incorporated _____

Names of Shareholders/Members 1. _____ 2. _____

3. _____ 4. _____ 5. _____