

# NEW CLIENT TAX QUESTIONNAIRE

## **Taxpayer Information:**

Taxpayer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

## **Dependent Information:**

Dependent Name #1: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Months Lived in Home: \_\_\_\_\_ Full Time Student (Yes/No): \_\_\_\_\_

Relationship: \_\_\_\_\_ **(Son, Daughter, Relative, Foster Child, Other)**

Dependent Name #2: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Months Lived in Home: \_\_\_\_\_ Full Time Student (Yes/No): \_\_\_\_\_

Relationship: \_\_\_\_\_ **(Son, Daughter, Relative, Foster Child, Other)**

## **Direct Deposit Information:**

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking or Savings \_\_\_\_\_

\*Please Add Additional Dependents on Back\*