

Date: _____ Tax Preparer: _____ Referred by: _____

Client Questionnaire

First Name Middle Last Name Birth date SSN

Tax Payer (TP) _____

Spouse (SP) _____

Street Address _____ City/State/Zip _____

Mailing Address _____ City/State/Zip _____

Home Ph/Fax _____ Cell Ph (TP) _____ (SP) _____

E-mail Address (TP) _____ (SP) _____

Business Entity Names: (if any) _____ EIN# _____

Business Address _____ Fax# _____

Date business started _____ Type of Entity: _____

CDL# _____ State _____ Issue Date _____ Exp. Date _____

Occupation Employer Work Phone

Tax Payer _____

Spouse _____

| Dependents Name | Birth date | SSN | Disabled (D) Student (S) | Relationship to client? | Education Expense |
|-----------------|------------|-----|-----------------------------|----------------------------|----------------------|
|-----------------|------------|-----|-----------------------------|----------------------------|----------------------|

Bank Info: Name of Bank _____ Type of Account: ___Savings___Checking

Routing# _____ Account# _____

Education Exp? TP/SP _____ Child care provider (Name, Address, Phone, TIN, Amount)

Notes: _____

At any time during 2017, did you have a financial interest in or signature authority over a financial account located in a foreign country? ___yes or ___no.