

NEW CLIENT QUESTIONNAIRE 2024

Date_____

Name_____DOB_____SS#_____

Drivers License #_____ State_____ Issue Date _____ Exp. Date_____

Spouse Name_____DOB_____SS#_____

Drivers License #_____ State_____ Issue Date _____ Exp. 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 voided 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. _____