



Tax Prep. Questionnaire

Please complete this form in its entirety. We use this to ensure we have the most up to date information in your account.

Contact Information

Client Name: _____ Date: _____
 Phone Number: _____ Tax Year: _____
 Email: _____
 Have you moved since your last tax preparation? Yes No
 New Address: _____

Please have your driver's license ready, we are required to have a current copy on file.

Dependent Information

Who will you be claiming on your Tax Return?

Please be sure to include your dependents name, date of birth, and SSN. If none, write N/A.

Same as last year

Name	Date of Birth	SSN

Bank Information

Bank Name: _____ Joint Account
 Routing #: _____ Checking Savings
 Account #: _____
 *If you owe, would you like the amount(s) due electronically withdrawn? Yes No

Covid-19 Relief

Did you receive Round 1 of the Economic Impact/Stimulus Payment? Yes No
 If yes, How much? _____
 Did you receive Round 2 of the Economic Impact/Stimulus Payment? Yes No
 If yes, How much? _____

Any changes we should be aware of?

IMPORTANT NOTE: This information is confidential and is strictly for our records only.