



# 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 #: \_\_\_\_\_

Account #: \_\_\_\_\_ Circle One:   
Checking Savings

\*If you owe, would you like the amount(s) due electronically withdrawn?  Yes  No

## Any changes we should be aware of?

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