



Tax Prep. Questionnaire

Please complete this form in its entirety to ensure we have the most up to date information in our system.

Contact Information

Client Name: _____ Date: _____

Phone Number: _____ Tax Year: _____

Email: _____

Have you moved since your last tax preparation? Yes No

New Address: _____

Preferred Contact Method:	
<input type="checkbox"/> Email	<input type="checkbox"/> Call
<input type="checkbox"/> Text	<input type="checkbox"/> Portal

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

Same as last year

Bank Name: _____

Routing #: _____

Account #: _____

Joint Account

Checking Savings

If you owe, would you like the amount(s) due electronically withdrawn?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

(We will call you with the amounts so you can select a date once the return is ready)

Tax Preparation Questions

Did you buy or sell any virtual currency (i.e. Crypto, Bitcoin, etc)? Yes No

Do you have any foreign bank or financial accounts? Yes No

Did you make any estimated tax payments? (If yes, fill in below) Yes No

Date of Payment	Payment Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Any changes we should be aware of?

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