

Tax Prep. Questionnaire

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

	Contact Inform	ation		
Client Name:			Date:	
Phone Number:			Tax Year:	
Email: Have you moved since your last tax preparation?			Preferred Contact Method:	
Dependent Information				
	Who will you be claiming on your dependents name, do Same as last Date of Birth	ate of birth, and SS	N. If none, write N,	/A.
	Bank Informa	tion		
Routing #: Account #:	☐ Same as last y		Checking	Savings
-	u like the amount(s) due elec with the amounts so you can sel	•	···· —	
	Tax Preparation Q	uestions		
•	3 did you receive, sell, exc asset? (Bitcom et al)	hange or otherwi	se Yes	□No
Do you have any interest in/or authority over any foreign account $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				□No
Did you make any e	try? (This includes Canada) stimated tax payments? (I	f yes, fill in below		□No
Date of Payment	Federal Amount \$ \$	State An \$ \$	nount	
	\$ \$	\$		•
	\$	\$		•
Any changes we should be aware of?				
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