



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: _____ **Please have Admin scan your Driver License** Today's Date: _____

Phone Number: _____ Tax Year: _____

Email: _____

Have you moved since your last tax preparation? ☐ Yes ☐ No

New Address: _____

Preferred Contact Method:

- ☐ Email ☐ Call
☐ Text ☐ 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If you owe, would you like the amount(s) due electronically withdrawn?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 purchase a new vehicle last year?

☐ Yes ☐ No

Were you a Tipped Employee last year?

☐ Yes ☐ No

Were you paid overtime last year?

☐ Yes ☐ No

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?

☐ Yes ☐ No

If yes, please provide date & amount of payment(s)

Any changes we should be aware of?

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

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