



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: _____

Joint Account

Routing #: _____

Checking

Account #: _____

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If you owe, would you like the amount(s) due electronically withdrawn?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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