



***PLEASE HAND DRIVER'S
LICENSE TO ADMIN TO SCAN***

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:

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If you owe, would you like the amount(s) due electronically withdrawn?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

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