



**\*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: \_\_\_\_\_

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If you owe, would you like the amount(s) due electronically withdrawn?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