



Tax Prep. Questionnaire

Please complete this form in its entirety as use this to ensure we have the most up to date information in your account.

Contact Information

Client Name: _____ Date: _____
 Phone Number: _____ Tax Year: _____
 Email: _____
 Have you moved since your last tax preparation? Yes No
 New Address: _____

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 Savings
 Account #: _____
 *If you owe, would you like the amount(s) due electronically withdrawn? Yes No

Covid-19 Relief

Did you receive Round 3 of the Economic Impact/Stimulus Payment? Yes No
 If yes, How much? _____

Advanced Child Tax Credit

Did you receive CTC Payments in 2021? Yes No
 If yes, How much a month? _____

Any changes we should be aware of?

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