NEW CLIENT TAX QUESTIONNAIRE

Taxpayer Information:

Taxpayer Name:		
Address:		
City:	State	e: Zip:
Date of Birth:	Social Security #:	
Occupation:	Home Phone:	
Cell Phone:	Work Phone: DL:	
E-Mail:		
Spouse Name:		
City:	_	e: Zip:
Date of Birth:	Social Security #:	
Occupation:	Home Phone:	
Cell Phone:	Work Phone:	DL:
E-Mail:		
Dependent Information:		
Dependent Name #1:		
Date of Birth:	Social Security Number:	
Months Lived in Home:	Full Time Student (Yes/No):	
Relationship:	(Son, Daughter, Relative, Foster Child, Other)	
Dependent Name #2:		
Date of Birth:	Social Security Number:	
Months Lived in Home:	Full Time Student (Yes/No):	
Relationship:	(Son, Daughter, Relative, Foster Child, Other)	

Dependent Name #3:		
Date of Birth:	Social Security Number:	
Months Lived in Home:	Full Time Student (Yes/No):	
Relationship:	(Son, Daughter, Relative, Foster Child, Other)	
Dependent Name #4:		
Date of Birth:	Social Security Number:	
Months Lived in Home:	Full Time Student (Yes/No):	
Relationship:	(Son, Daughter, Relative, Foster Child, Other)	
Dependent Name #5:		
Date of Birth:	Social Security Number:	
Months Lived in Home:	Full Time Student (Yes/No):	
Relationship:	(Son, Daughter, Relative, Foster Child, Other)	
Direct Deposit Information:		
Bank Name:		
Routing Number:		
Account Number:		
Checking or Savings		

^{*}Please send a copy of driver's license for Taxpayer and Spouse*