



Personal Client Questionnaire

This questionnaire is designed to assist us in obtaining your basic personal information to set you up in our system as a client.

CLIENT INFORMATION

Please review your personal information, noting any changes as applicable.

TAXPAYER:

SPOUSE:

Name

DOB

Social Security #

Phone

Email Address

Home Address

City, State Zip

Was this your address for all of 2020? Y N Y N

If no, Date moved

Prior Address:

City, State Zip

****NOTE:** Please provide a copy of the front of your current state issued driver's license or state issued identification.

Provide/confirm your bank account information if electing direct deposit of refund

Bank Name: Checking or Savings

Routing# & Account# Is this a joint account? Y N

DEPENDENT INFORMATION

Please **DO NOT** list children whom you are **NOT** claiming as a dependent. If you are unsure if a child or individual qualifies, please contact your tax professional for guidance.

Name

Relation

Social Security #

DOB

Lived with you for all of 2020? Y N Y N Y N Y N

If not, how many months
did they live with you?

Attended college in 2020? Y N Y N Y N Y N

Filed own tax return for 2020? Y N Y N Y N Y N