

# Total Concept Business Solutions

## New Customer Questionnaire

### CLIENT INFORMATION

First name

Last name

Middle initial

Street Address

Apt #

City

State

Zip

☐ Own ☐ Rent

SSN:

DOB:

### SPOUSE INFORMATION

First name

Last name

Middle initial

Spouse address (if different from above)

☐ Own ☐ Rent

SPOUSE SSN:

SPOUSE DOB:

### FILING STATUS

☐ SINGLE ☐ MARRIED FILING JOINTLY ☐ MARRIED FILING SEPARATELY ☐ HEAD OF HOUSEHOLD

☐ QUALIFYING WIDOW(ER) W/ DEPENDENT CHILDREN

What was your previous year adjusted gross income (AGI) or filing pin?

What is your profession?

What is your profession?

(SPOUSE)

Do you pay for childcare? ☐ Yes ☐ No

If yes, name of childcare provider.

Address:

City

State

Zip

Contact #

EIN:

Amount paid per month

DEPENDENT NAME (FIRST/LAST)	SSN#	DOB	RELATIONSHIP

List any additional dependents on another sheet

### BANKING INFORMATION (This information is needed to for direct deposit from taxes)

Bank Name:

Routing #(9 digits):

Account #:

### VEHICLE INFORMATION

Do you own a vehicle? ☐ Yes ☐ No If yes, complete information below for each vehicle

MAKE	MODEL	YEAR	YEAR PURCHASED

Did you purchase an E vehicle? ☐ Yes ☐ No

Do you owe any previous year taxes? ☐ Yes ☐ No

Do you have any previous year tax returns that need to be reviewed or amended? ☐ Yes ☐ No

### SELF EMPLOYMENT INFORMATION

Business name:

Business Start Date:

Business Address ☐ Check this box if same as home address

Business Tax ID (EIN #):

Did you receive retirement distribution? ☐Yes ☐No

Did you receive SSI income? ☐Yes ☐No

Are you enrolled in college? ☐Yes ☐No

Are you enrolled in Marketplace insurance? ☐Yes ☐No

Have you received gambling winnings? ☐Yes ☐No

Are you involved in crypto currency and stock exchange? ☐Yes ☐No

Do you have a rental property? ☐Yes ☐No

Do you tithe? ☐Yes ☐No

Do you make charitable contributions? ☐Yes ☐No

What is the best time/method to connect with you with updates about your return or to ask questions?

☐SUN ☐MON ☐TUES ☐WED ☐THURS ☐FRI ☐SAT

☐Morning ☐Noon ☐Evening

Contact #

☐ I Prefer this method of contact

Email

☐ I Prefer this method of contact

How did you hear about us?

## INTERNAL USE ONLY

Date joined TCBS:

Date entered in database:

Request for Docs sent:

Documents received:

Account Rep:

Funded/Closed:

### NOTES