## 2023 Tax Return Questionnaire

<u>TAXPAYER</u>	SPOUSE
Name:	Name:
SSN:	SSN:
Date of Birth:	Date of Birth:
Phone Number:	Phone Number:
Email:	Email:
Preferred method of contact:	Preferred method of contact:
Phone Email Text □ Spouse	Phone Email Text □ Spouse
People you want to claim:	SSN Date of Birth In college?
Current Address:	
	No If so, what date?
Do you have any bank accounts or income overs	eas? Yes No
Did you have any cryptocurrency transactions la	st year? Yes No
Did you make any of the following contributions	and if so, how much?
401(k) 403(b) Traditional IRA \$_	Roth IRA \$ HSA \$
Are you expecting a refund or to owe money? If	so, how much?
How do you prefer to pay for your accounting se	rvices?
Debit/Credit Venmo/CashAp	p Email □Cash/Check
When would you like your return filed?	
• •	une July-Sept October whenever