Morganton Tax Service

Client Questionnaire

(Please Print)

Marital Status (as of Dec 31st): Single ☐ Married ☐ Separated ☐ Widow ☐

	TAXPAYER	SPOUSE
First Name		
Middle Initial		
Last Name		
SSN		
Date of Birth		
Telephone		
Email		

Mailing Address: _____

City, State, Zip _____

Since last Year….

Did your Marital Status Change? ☐ Yes ☐ No

Did your Address Change? ☐ Yes ☐ No

Last Year were either of you:

a. Full-time student: ☐ Yes ☐ No

b. Legally Blind ☐ Yes ☐ No

Could you be claimed as a dependent on another person's tax return? ☐ Yes ☐ No

DIRECT DEPOSIT INFORMATION		
Bank Account #:_____ Bank Routing #:_____ Bank Name:_____	☐ Checking	☐ Savings

DEPENDENTS

How many dependents did you have during the past year? _____

First Name:		How many months did he/she live with you last year?
Middle Initial:		Did you provide more than 50% of support? ☐ Yes ☐ No
Last Name:		Are both taxpayer & spouse the biological parents? ☐ Yes ☐ No
SSN:		Is the Dependent Disabled? ☐ Yes ☐ No Type?
Date of Birth:		Is the Dependent Full Time Student? ☐ Yes ☐ No Where?

***** List additional dependents on the back ****

DEPENDENT INFORMATION

First Name:		How many months did he/she live with you last year?
Middle Initial:		Did you provide more than 50% of support? ☐ Yes ☐ No
Last Name:		Are both taxpayer & spouse the biological parents? ☐ Yes ☐ No
SSN:		Is the Dependent Disabled? ☐ Yes ☐ No Type?
Date of Birth:		Is the Dependent Full Time Student? ☐ Yes ☐ No Where?

First Name:		How many months did he/she live with you last year?
Middle Initial:		Did you provide more than 50% of support? ☐ Yes ☐ No
Last Name:		Are both taxpayer & spouse the biological parents? ☐ Yes ☐ No
SSN:		Is the Dependent Disabled? ☐ Yes ☐ No Type?
Date of Birth:		Is the Dependent Full Time Student? ☐ Yes ☐ No Where?

First Name:		How many months did he/she live with you last year?
Middle Initial:		Did you provide more than 50% of support? ☐ Yes ☐ No
Last Name:		Are both taxpayer & spouse the biological parents? ☐ Yes ☐ No
SSN:		Is the Dependent Disabled? ☐ Yes ☐ No Type?
Date of Birth:		Is the Dependent Full Time Student? ☐ Yes ☐ No Where?

First Name:		How many months did he/she live with you last year?
Middle Initial:		Did you provide more than 50% of support? ☐ Yes ☐ No
Last Name:		Are both taxpayer & spouse the biological parents? ☐ Yes ☐ No
SSN:		Is the Dependent Disabled? ☐ Yes ☐ No Type?
Date of Birth:		Is the Dependent Full Time Student? ☐ Yes ☐ No Where?

Do you have any concerns or questions you would like to be addressed?