

# Morganton Tax Service

## NEW CLIENT Questionnaire

(Please Print)

Marital Status: Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow ☐

### TAXPAYER INFORMATION

First Name:	Middle Initial:	Last Name:	Suffix:
Social Security Number:	Date of Birth:	Phone:	
Email Address:			
Mailing Address:			
City:	State:	Zip Code:	

Are you a full-time student? ☐ Yes ☐ No    Are you disabled? ☐ Yes ☐ No    Could you be a dependent on another person's taxes? ☐ Yes ☐ No

### SPOUSE INFORMATION

First Name:	Middle Initial:	Last Name:	Suffix:
Social Security Number:	Date of Birth:	Phone:	
Email Address:			
Mailing Address (if different):			
City:	State:	Zip Code:	

Are you a full-time student? ☐ Yes ☐ No    Are you disabled? ☐ Yes ☐ No    Could you be a dependent on another person's taxes? ☐ Yes ☐ No

Who should be the primary contact? ☐ Taxpayer ☐ Spouse

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

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Do you prefer any refund amount sent by: <input type="checkbox"/> a Paper Check Mailed <input type="checkbox"/> Direct Deposit (please complete info below)			
Bank Name: _____	Bank Routing #: _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Account #: _____			

**If filing dependents – please complete information on back.**

## DEPENDENT INFORMATION

List the names of 1) **everyone** you lived with you last year (other than your spouse) -OR-  
2) anyone you supported but did not live with you last year

First Name:	Middle Initial:	Last Name:	Suffix:
Social Security Number:	Date of Birth:	Relationship:	
How many months did he/she live with you last year? _____		Did you provide more than 50% of support? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can someone else claim him/her as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, who?	
Are both taxpayer and spouse the biological parents? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the dependent Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the dependent a Full time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, what school?	
First Name:	Middle Initial:	Last Name:	Suffix:
Social Security Number:	Date of Birth:	Relationship:	
How many months did he/she live with you last year? _____		Did you provide more than 50% of support? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can someone else claim him/her as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, who?	
Are both taxpayer and spouse the biological parents? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the dependent Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the dependent a Full time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, what school?	
First Name:	Middle Initial:	Last Name:	Suffix:
Social Security Number:	Date of Birth:	Relationship:	
How many months did he/she live with you last year? _____		Did you provide more than 50% of support? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can someone else claim him/her as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, who?	
Are both taxpayer and spouse the biological parents? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the dependent Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the dependent a Full time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, what school?	
First Name:	Middle Initial:	Last Name:	Suffix:
Social Security Number:	Date of Birth:	Relationship:	
How many months did he/she live with you last year? _____		Did you provide more than 50% of support? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can someone else claim him/her as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, who?	
Are both taxpayer and spouse the biological parents? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the dependent Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the dependent a Full time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, what school?	

**\*Please let us know if you need another sheet for additional dependents.**