

EDWARDS TAX & FINANCE SERVICES

Client Intake Questionnaire – 2025

1. Personal Information

- Full Legal Name: _____
- Phone Number: _____
- Email Address: _____
- Preferred Contact: _____

Income Overview

Please provide approximate averages if income varies.

- Primary Income Source: _____
- Pay Frequency: _____
- Average Monthly Net Income: _____

2. Financial Priorities

(Check all that apply and upload supporting documents)

- Pay off debt faster
- Reduce monthly stress
- Catch up on past-due bills
- Build emergency savings
- Prepare for upcoming expenses

3. Tax Refund (If Applicable)

- Expected refund amount _____
- Has the refund already been received? Yes No

4. Debt Inventory

(List all debts to include credit cards, loans, medical bills, etc.)

5. Monthly Bills

(List all monthly and/or recurring expenses to include rent/mortgage, utilities, insurance, subscriptions, etc.)

6. Additional Information

Please list any additional information:

7. Referral Information (Optional)

Were you referred to Edwards Tax & Finance Services by someone?

No Yes – Please provide their name below:

Name of Referring Individual or Business: _____

Relationship to you (optional): _____

8. Client Certification

I understand that services provided are educational and planning-based and do not include creditor negotiation, financial advising, or investment advice.

Client Signature: _____

Date: _____