

# EDWARDS TAX & FINANCE SERVICES

## Tax Organizer & Client Intake Questionnaire – 2025

### 1. Personal Information

#### Primary Taxpayer

- Full Legal Name: \_\_\_\_\_
- SSN / ITIN: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

#### Spouse (if applicable)

- Full Legal Name: \_\_\_\_\_
- SSN / ITIN: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_

#### Mailing Address

- Street: \_\_\_\_\_
- City/State/ZIP: \_\_\_\_\_

### 2. Filing Status

- ☐ Single
- ☐ Married Filing Jointly
- ☐ Married Filing Separately
- ☐ Head of Household
- ☐ Qualifying Surviving Spouse

### 3. Dependents

(List all dependents claimed)

Name	SSN	DOB	Relationship	Months Lived With You

- ☐ Childcare expenses were paid
- ☐ Another person may claim one or more dependents

#### 4. Income Sources

(Check all that apply and upload supporting documents)

- ☐ W-2 (employment)
- ☐ Self-employment / 1099 income
- ☐ Rental income
- ☐ Unemployment
- ☐ Social Security
- ☐ Retirement / pensions
- ☐ Interest / dividends
- ☐ Cryptocurrency / digital assets
- ☐ Alimony received
- ☐ Other: \_\_\_\_\_

#### 5. Self-Employment (If Applicable)

- Business Name (if any): \_\_\_\_\_
- Type of Business: \_\_\_\_\_
- Did you keep records of income/expenses? ☐ Yes ☐ No
- Did you use a vehicle for business? ☐ Yes ☐ No

#### 6. Credits & Deductions

- ☐ Child Tax Credit
- ☐ Earned Income Credit
- ☐ Child & Dependent Care Credit
- ☐ Education expenses (1098-T)
- ☐ Student loan interest

- ☐ Retirement contributions (IRA/HSA)
- ☐ Health insurance through marketplace
- ☐ Charitable donations

## **7. Health Insurance**

- ☐ Employer-provided
- ☐ Marketplace (1095-A)
- ☐ Medicaid / Medicare
- ☐ Uninsured part of year

## **8. Banking Information (If Needed)**

- ☐ Refund direct deposit
- ☐ Refund-based bank product

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

I understand that refund-based payment may result in my refund being issued via check or prepaid debit card.

## **9. Prior-Year Information**

- ☐ Prior-year return provided
- ☐ First time filing
- ☐ Prior-year amendment needed

## **10. Additional Information**

Please list any changes or special circumstances:

## **11. 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): \_\_\_\_\_

## **12. Client Certification**

I certify that the information provided is true, correct, and complete to the best of my knowledge. I understand that I am responsible for the information reported on my tax return.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_