

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: _____