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: _____