

Returning Client Questionnaire

Please check the appropriate box and include all necessary details and documentation

Taxpayer Information:

Name: _____
DOB: _____ SSN/TIN: _____
Phone Number: _____
Email: _____
Street: _____
City: _____ State: _____ Zip: _____

Spouse Information:

Name: _____
DOB: _____ SSN/TIN: _____
Phone Number: _____
Email: _____
Street: _____
City: _____ State: _____ Zip: _____

Did your martial status change during the year? If yes, explain: _____

Yes	No
☐	☐

If married, are you filing joint? If separate, please explain: _____

☐	☐
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Can you be claimed as a dependent by another taxpayer?

☐	☐
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Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?

☐	☐
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If yes, enter new account information:

Routing #: _____

Account #: _____



Dependent Information:

Were there any changes to dependents from last year? If yes, explain:

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Do you have dependents who must file a tax return?

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Did you provide over half the support for any other person(s) last year?

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Additional Questions:

Did you retire or change jobs this year?

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Did you, your spouse, or your dependents attend a post-secondary school during the year or plan to attend one in the coming year?

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Purchase, Sale and Debit Information:

Did you start a new business or purchase rental property last year?

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Did you sell, exchange or purchase any real estate last year?

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Did you purchase or sell a principle residence last year?

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Did you have any debts canceled or forgiven last year?

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Did you pay any student loan interest last year?

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Did you gain or lose any digital assests?

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Any additional Information you would like us to know:
