

CLIENT QUESTIONNEER- page 1

Taxpayer Name _____
Social Security # _____
Date of Birth _____
Occupation _____
Telephone # _____
Email address _____

****If filing a joint return:**

Spouse Name _____
Social Security # _____
Date of Birth _____
Occupation _____
Telephone # _____
Email address _____

Address: _____

****If claiming dependants:**

Names, DOB, SS# & Relationship to taxpayer(s):

Direct Deposit Information FOR REFUND:

Bank Name _____
Routing # _____
Account # _____

CLIENT QUESTIONNEER- page 2

Please circle yes or no

1. Do you have health insurance? If yes, answer #2, if no, go to #3.

Yes

No

2. Is your health insurance through the marketplace?

Yes (if yes, then we need your 1095-A please)

No

3. Do you have a corporation?

Yes (if so, name) _____

No

4. Do you invest in any type of Crypto Currency?

Yes

No

5. Did you contribute during the year to an IRA?

Yes

No

****PLEASE NOTE ****

EFFECTIVE NOVEMBER 1, 2023

**PAYMENT IS DUE UPON
SERVICES RENDERED**

**NO TAX RETURN OR
DOCUMENTS WILL BE
FILED WITHOUT
SIGNED 8879 FORM AND
PAYMENT FOR THE
SERVICES RENDERED**

**IF PAYMENT CANNOT BE MADE, A SIGNED
PAYMENT PLAN AUTHORIZATION CAN BE
DISCUSSED AT OUR DISCRETION.**

**THANK YOU FOR YOUR
UNDERSTANDING.**

SIGNED _____

DATE _____