taxconsultant@thetaxrecovery.com
708.860.2212

THE TAX RECOVERY
TAX PREPARATION SERVICE

Client Drop Off Questionnaire Tax Year 2025

Please fill in your personal information and provide the most appropriate answers for questions below. Completed documents can be sent directly to taxconsultant@thetaxrecovery.com

Personal Information

Taxpayer:

Full Name:_____

Address:_____

Occupation:_____

Spouse, if applicable:

Full Name:_____

Address:_____

Occupation:_____

Contact Information:

Best Number to be reached: _____

Email Address:_____ _

Questions

1. Would you like to sign up for our newsletter? (If yes, please provide email above) ❍ _Yes ❍
2. What is your filing status? ❍ _Married Filing Jointly ❍ _Married Filing Separately ❍ _Single ❍ _Head of Household
   If Head of Household, were you unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for the qualifying person? ❍ _Yes ❍ _No
3. Did you Buy or Sell a Home in 2025? ❍ _Yes ❍ _No
4. Do you want $3 to go to Presidential Election Campaign? ❍ _Yes ❍ _No
5. Did you, your spouse, or dependent(s) have Health Insurance Coverage with ObamaCare in 2025? ❍ _Yes ❍ _No
6. Did you or your spouse at any time during 2025 receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ❍ _Yes ❍ _No
7. IF receiving a refund, do you want Direct Deposit? ❍ _Yes ❍ _No
8. If yes, please provide routing and account number _____

Additional Questions On Page 2

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Dependent Information:

Full Name :_____

Dependent Information:

Full Name :_____

Dependent Information:

Full Name :_____

Dependent Information:

Full Name :_____

Questions

1. Is the child a US Citizen, National, or Resident Alien?_____

2. How many months has the child lived in your household in 2025? _____

3. Please provide one of the following:

- Birth Certificate (PREFERRED)
- Social Security Card
- School Record (NOT A REPORT CARD)