

**New Client Tax return drop off questionnaire**

Your Name \_\_\_\_\_

Your Date of Birth \_\_\_\_\_

Your Occupation \_\_\_\_\_

Spouses Name \_\_\_\_\_

Spouses date of birth \_\_\_\_\_

Spouses Occupation \_\_\_\_\_

Address you want to appear on Tax Return: \_\_\_\_\_

\_\_\_\_\_

Dependent Children: (those you are claiming on your return)

Name \_\_\_\_\_ date of birth \_\_\_\_\_

SS# \_\_\_\_\_

Name \_\_\_\_\_ date of birth \_\_\_\_\_

SS# \_\_\_\_\_

Name \_\_\_\_\_ date of birth \_\_\_\_\_

SS# \_\_\_\_\_

Your daytime phone number(s) \_\_\_\_\_

Your email address \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Please include a copy of your prior year tax return.**

Any additional information:

\_\_\_\_\_