

**New Client Questionnaire** Date: \_\_\_\_\_ Rep \_\_\_\_\_

Client Name: \_\_\_\_\_ Client Email: \_\_\_\_\_ Wife Email: \_\_\_\_\_

Can you be claimed by someone else? A Parent? A Grandparent? Yes or No If Yes Who? \_\_\_\_\_

Current Address for Tax Return: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Best # Home/Work/Cell

Last Year Taxes Included? Y / N (If yes we don't need SS#'s below) unless new baby. But need Birthdays or Date of Death.

	<u>Name</u>	<u>Birthday</u>	<u>Social Security #</u>
Taxpayer	_____	_____	_____
Spouse	_____	_____	_____
Child	_____	_____	_____
Child	_____	_____	_____
Child	_____	_____	_____

Did you pay any Estimated Taxes on your own? Y / N If yes we need dates and amounts.

IRS: Date: \_\_\_\_\_ Amount \_\_\_\_\_ Date: \_\_\_\_\_ Amount \_\_\_\_\_ Date: \_\_\_\_\_ Amount \_\_\_\_\_ Date: \_\_\_\_\_ Amount \_\_\_\_\_

WDR: Date: \_\_\_\_\_ Amount \_\_\_\_\_ Date: \_\_\_\_\_ Amount \_\_\_\_\_ Date: \_\_\_\_\_ Amount \_\_\_\_\_ Date: \_\_\_\_\_ Amount \_\_\_\_\_

Do you own a house? Y / N if yes, did you include? Real Estate Tax Bill, Paid Receipt and Form 1098 Mortgage Interest. Y / N

Do you rent? Y / N if yes fill out below:

1<sup>st</sup> Place: Rent amount per month \$ \_\_\_\_\_ X No. of months \_\_\_\_\_ Was Heat Included Yes or No

2<sup>nd</sup> Place: Rent amount per month \$ \_\_\_\_\_ X No. of months \_\_\_\_\_ Was Heat Included Yes or No

**(If you make less than approximately \$25,000 be sure and get a Rent Certificate filled out by your Landlords).**

Do you have student loan interest? Y / N (If yes is 1098E Included?) Y or N

Do you pay child care? Y / N (If yes, we need Daycare name, Federal ID#, address, and amount paid for each child).

Did anyone attend college last year? Y / N :Name \_\_\_\_\_ Name \_\_\_\_\_

Is the tuition statement included? Y / N (We need 1098T along with any Edvest and 529 Plan paperwork)

What year are they currently in? As of 12/31/17 (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, grad school) (circle one) or two....

Did you have Health Insurance? Y / N if yes we need form 1095 A, B or C.

Do you have Supplemental Health Insurance? If yes we need how much was paid for the year. \$ \_\_\_\_\_

Do you pay for Long Term Care Insurance? If yes we need how much was paid for the year. \$ \_\_\_\_\_

Do you have Social Security Income? Y / N if yes did you include form? Y / N

Do you have Unemployment Income? Y / N if yes did you include form? Y / N (You usually have to get off of the internet)

**Direct Deposit Information:** Paper Check Requested: YES (circle)

We need Bank Name \_\_\_\_\_, Routing No. \_\_\_\_\_ A/C # \_\_\_\_\_

**Driver's License Information Needed!** We will photocopy for you or write down:

Husband: Number: \_\_\_\_\_ State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expire Date: \_\_\_\_\_

Wife: Number: \_\_\_\_\_ State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expire Date: \_\_\_\_\_