

Repeat Client Questionnaire

Date: _____ **Rep:** _____

Client Name: _____ Client Email: _____ Wife Email: _____

Client address: _____, _____, _____, _____

What is best phone number to reach you at? _____ Home/Work/Cell - Taxpayer or Spouse

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

New baby in 2017? Y / N If yes we need Name _____ Birthdate _____ Social Security # _____

Any death in the family? Y / N if yes we need Name _____ Date of Death _____

Was there a High School/College Graduate in May of 2017? Y / N If yes we need Name _____

Did you pay any Estimated Taxes that D&M told you to pay or 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, include Real Estate Tax Bill, Paid Receipt and Form 1098 Mortgage Interest.

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

1st Place: Rent amount per month \$ _____ X No. of months _____ Was Heat Included Yes or No

2nd 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 (1st, 2nd, 3rd, 4th, grad school) (circle one) or two....

Did you have Health Insurance all year? Y / N if yes we need form 1095 A, B or C. If no we what months were not covered? _____

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

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

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

Use the same bank as last year that D&M has? Yes or No

We need Bank Name _____, Routing No. _____ A/C # _____ Checking/Savings

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: _____