**Repeat Client Questionnaire Date:­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Rep:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Page 1 of 2)

Client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T/P-1 Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T/P-2 Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_WI\_\_\_\_\_, \_\_\_\_\_\_\_\_\_

What is best phone number to reach you at? Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T (1) or T (2)

Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T (1) or T (2) Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T (1) or T (2)

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

If Yes Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any new baby as of 12/31? Yes or No If yes we need Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any death in the family? Yes or No If yes we need Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was there a High School/College Graduate in May of tax year? Yes or No

If yes we need Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you pay any Estimated Taxes that D&M told you to pay or on your own? Yes or No

If yes we need dates and amounts.

IRS: 1st Qtr. Date:\_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_ 2nd Qtr. Date:\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_

3rd Qtr. Date:\_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_ 4th Qtr. Date:\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_

WDR: 1st Qtr. Date:\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_ 2nd Qtr. Date:\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_

3rd Qtr. Date:\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_ 4th Qtr. Date:\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_

Do you own a house? Yes or No

If yes, include Real Estate Tax Bill, Paid Receipt and Form 1098 Mortgage Interest.

Do you rent? Yes or No If yes fill out below:

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

2nd Place: Rent amount per month $ \_\_\_\_\_\_\_\_\_ X No. of months \_\_\_\_\_\_\_\_\_ Was Heat Incl 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? Yes or No (Page 2 of 2)

(If yes is 1098E Included?) Yes or No

Do you pay child care? Yes or No

*(If yes, we need Daycare name, Federal ID#, address, and amount paid for each child).*

Did anyone attend college last year? Yes or No

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (1st, 2nd, 3rd, 4th, grad school) (circle one)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (1st, 2nd, 3rd, 4th, grad school) (circle one)

Is the tuition statement included? Yes or No

*(We need 1098T along with any Edvest and 529 Plan paperwork)*

Did you have Health Insurance all year? Yes or No If yes we need form 1095 A, B or C.

If no what months were not covered?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have Supplemental Health Insurance? Yes or No

If yes we need how much was paid for the year. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you pay for Long Term Care Insurance? Yes or No If yes we need how much was paid for the year. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have Social Security Income? Yes or No

*If yes we need the SSA Form.*

Do you have Unemployment Income? Yes or No

*(If yes you usually have to get form 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:

T/P-1: Number:\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Issue Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expire Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T/P-2:Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Issue Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expire Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_