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

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

T/P-1 Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T/P-2 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 #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please circle which is the best number: Home Work Cell

Are Last Year’s Taxes Included? YES or NO (If YES, we don’t need SS#’s below) unless there is a new baby. We do need Birthdays and/or Date of Death.

 **Name** **Birthday** **Social Security #**

T/P1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T/P2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you pay any Estimated Taxes on your own? YES or NO If YES, fill in amounts.

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

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

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

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

Do you own a house? YES or NO (Include Real Estate Tax Bill, Paid Receipt and Form 1098 Mortgage Interest)

Do you rent? YES or NO **(Get Rent Certificate filled out if you make less than $25,000 year)**

Rent Place 1: Amount per month $ \_\_\_\_\_\_\_\_\_ X No. of months \_\_\_\_\_ Was Heat Included Yes or No

Rent Place 2: Amount per month $ \_\_\_\_\_\_\_\_\_ X No. of months \_\_\_\_\_ Was Heat Included Yes or No

Do you have student loan interest? YES or NO

(If YES, is the 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?

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? 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 off of the internet)*

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

Bank Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Routing No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A/C #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checking or Savings (circle one)

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_