Repeat Client Questionnaire Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D&M Rep:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Page 1 of 2)

Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T**axpayer 1 Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **T**axpayer 2 Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, WI , \_\_\_\_\_\_\_\_\_

* What is the 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 other dependent changes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Any new baby in your family as of 12/31/20? **Yes or No**  *If yes:* Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Any death in the family? **Yes or No** *If yes,* we need Name: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_
* 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. Please attach paid vouchers or write out on paper.

* What was the amount of your Stimulus Check received in 2020? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 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 included? **Yes or No**

2nd Place: Rent amount per month $ \_\_\_\_\_\_\_\_\_ X No. of months \_\_\_\_ Was heat Included? **Yes or No**

**\*If you made less than approximately $25,000 be sure to get a rent certificate filled out by your landlord(s).**

***(Please turn over and complete back side)***

* Did you have student loan interest? Yes or No (Page 2 of 2)

*If yes,* is 1098E Included? Yes or No

* Did 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 *If yes,* complete the next section.

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?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Did you have supplemental health insurance? Yes or No

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

* Did you pay for long term care insurance? Yes or No *If yes,* we need how much was paid for the year by person. $\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_
* Did you have Social Security Income? Yes or No

 *If yes, we need the SSA Form.*

* Did 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 info as last year that D&M has? Yes or No

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

Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_