



## NEW CLIENT QUESTIONNAIRE

### TAXPAYER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Did your marital status change this past year? ☐ Yes ☐ No

Did your address change in the past year? ☐ Yes ☐ No

### SPOUSE INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### DEPENDENTS - CHILDREN AND OTHERS

Name (Last, First) | Relationship | Date of Birth (MM/DD/YYYY) | Social Security Number |

Months Lived with You | Claimed by Another Person? (Y/N)

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_/\_\_\_\_/\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|☐ Yes ☐ No

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_/\_\_\_\_/\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|☐ Yes ☐ No

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_/\_\_\_\_/\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|☐ Yes ☐ No

Did you provide a home or support for anyone else not listed above? ☐ Yes ☐ No

Were there any births, deaths, marriages, divorces, or adoptions in your immediate family last year? ☐ Yes ☐ No

Could you be claimed as a dependent on another person's tax return? ☐ Yes ☐ No

If requested by the IRS, do you have documentation (receipts/records/etc.) to substantiate your eligibility for credits? ☐ Yes ☐ No

### INCOME INFORMATION

Did you receive any income from employment as an employee or independent contractor this past year? ☐ Yes ☐ No

If yes, please attach Form W-2 and/or 1099-NEC.

Did you receive any unemployment compensation this past year? ☐ Yes ☐ No

If yes, please attach Form 1099-G.

Did you receive any Social Security benefits this past year? [ ] Yes [ ] No

If yes, please attach Form SSA-1099.

**OTHER INFORMATION**

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