



# PERSONAL TAX QUESTIONNAIRE

Date \_\_\_\_\_

### Taxpayer :

First : \_\_\_\_\_ M : \_\_\_\_\_ Last : \_\_\_\_\_

Address : \_\_\_\_\_ City / State : \_\_\_\_\_ Zip : \_\_\_\_\_

Social Security # : \_\_\_\_/\_\_\_\_/\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation : \_\_\_\_\_

Cell # : (\_\_\_\_) \_\_\_\_\_ Work # : (\_\_\_\_) \_\_\_\_\_ Email : \_\_\_\_\_

### Spouse :

First : \_\_\_\_\_ M : \_\_\_\_\_ Last : \_\_\_\_\_

Social Security # : \_\_\_\_/\_\_\_\_/\_\_\_\_ DO.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation : \_\_\_\_\_

Cell # : (\_\_\_\_) \_\_\_\_\_ Work # : (\_\_\_\_) \_\_\_\_\_ Email : \_\_\_\_\_

### Filing Status :

Married  Single  Separated  Widowed (In Last 2 yrs.)  Head of House Hold

Dependants : How many ? \_\_\_\_\_

	Names (as it appears on S.S. Card)	Social Security #	D.O.B.	Relationship	College Y/N	Child Care Y/N
1.						
2.						
3.						
4.						

### Checklist :

Drivers License & Social Security Card on File  Everyone has Health Insurance for the Year ?

### Account Information :

Name of Bank : \_\_\_\_\_  Same Bank as Last Year  Refund via Check  EPS

Account # : \_\_\_\_\_ Routing # : \_\_\_\_\_ Checking / Savings : \_\_\_\_\_

### Missing Information :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Notes :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_