

# PERSONAL TAX CLIENT QUESTIONNAIRE

To Avoid Compromising Your Personal Data: Please password protect this document before emailing

## TAXPAYER INFORMATION

FIRST NAME : \_\_\_\_\_ LAST NAME : \_\_\_\_\_

SSN : \_\_\_\_\_ DOB : \_\_\_\_\_

ADDRESS : \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE : \_\_\_\_\_ CELL : \_\_\_\_\_

EMAIL : \_\_\_\_\_

## SPOUSE INFORMATION

FIRST NAME : \_\_\_\_\_ LAST NAME : \_\_\_\_\_

SSN : \_\_\_\_\_ DOB : \_\_\_\_\_

ADDRESS : \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE : \_\_\_\_\_ CELL : \_\_\_\_\_

EMAIL : \_\_\_\_\_

## DEPENDENT INFORMATION

FIRST NAME : \_\_\_\_\_ LAST NAME : \_\_\_\_\_

SSN : \_\_\_\_\_ DOB : \_\_\_\_\_

## DEPENDENT INFORMATION

FIRST NAME : \_\_\_\_\_ LAST NAME : \_\_\_\_\_

\_\_\_\_\_  
SSN : \_\_\_\_\_

\_\_\_\_\_  
DOB : \_\_\_\_\_

**DEPENDENT INFORMATION**

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FIRST NAME : \_\_\_\_\_

LAST NAME : \_\_\_\_\_

SSN : \_\_\_\_\_

DOB : \_\_\_\_\_

**DEPENDENT INFORMATION**

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FIRST NAME : \_\_\_\_\_

LAST NAME : \_\_\_\_\_

SSN : \_\_\_\_\_

DOB : \_\_\_\_\_

**REFERRAL INFORMATION**

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REFERRED BY : \_\_\_\_\_

**DOCUMENT CHECKLIST**

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PRIOR YEAR'S TAX RETURN