

(Returning) Tax Client Questionnaire

General Information

Today's Date: _____

Taxpayer

Spouse

Name: _____

Name: _____

Social Security #: _____

Social Security #: _____

Date of Birth: _____

Date of Birth: _____

Occupation: _____

Occupation: _____

Address: _____

Phone # _____

Email: _____

By checking this box you do not wish to receive useful tax cutting tips in the future

Marketing Information (Let Us Learn From YOU!)

Have You Seen Any of These?

 Bus Ad TV Ad Post Card Billboard Internet Clipper Observer Reporter Greene Saver New Homes Letter

General Tax Information

Electronic Filing: Yes, No (We send your return to the IRS online, instead of paper mail)

If Yes, We can have your refund Deposited into your bank account (or automatic withdraw of payment owed)

*******Please Verify That This Banking Information Is Correct*******

Bank Account #: _____

Bank Routing #: _____

Bank Name: _____

Voided Check Provided: Yes, No

Would You Like Us To Prepare Your Local Returns? Yes, No

If Yes, Municipality: _____

Rate: _____ Agency: _____

School District: _____

Rate: _____ Agency: _____

(Returning) Tax Client Questionnaire

Dependent Information

Name: _____ SSN#: _____ Date of Birth: _____
Name: _____ SSN#: _____ Date of Birth: _____
Name: _____ SSN#: _____ Date of Birth: _____
Name: _____ SSN#: _____ Date of Birth: _____

Estimated Payments

Federal: Q1 _____ Q2 _____ Q3 _____ Q4+ _____
State: Q1 _____ Q2 _____ Q3 _____ Q4+ _____
Local: Q1 _____ Q2 _____ Q3 _____ Q4+ _____

Business Information (Tell Us About Your Business)

Are you Self-Employed? Yes, No Do You Have Inventory? Yes, No

Annual Business Income 0-15,000 15,000-40,00 40,000-75,000 75,000+

What Type Of Business

Rental Properties Food/Entertainment Service Industry Other: _____

Unreimbursed Auto Information (Expenses need to be substantiated with mileage logs and trip sheets)

Auto Make: _____ Auto Model: _____ Auto Year: _____

Total Business Miles Driven: _____

We will not audit or otherwise verify the data you submit. Accordingly, our engagement cannot be relied upon to disclose errors, fraud, or other illegal acts that may exist. It may be necessary to ask you for clarification of some of the information you provide and we will inform you of any material errors, fraud, or other illegal act that come to our attention. You are responsible for maintaining and adequate and efficient accounting system, for safeguarding assets, for authorizing transactions and for retaining supporting documentation for those transactions, all of which will, among other things, help assure the preparation of proper returns. Furthermore, you are responsible to review all of the information presented on your tax return for correctness.

Taxpayer Signature: _____ Spouse Signature _____

Date: _____