



Client Questionnaire

Date: _____

Client's Name _____ SSN _____

Date of Birth _____ Occupation _____ Marital Status _____

Home phone _____ Cell phone _____ Work phone _____

Email: _____ Fax: _____

Spouse's Information:

Name _____ SSN _____

Date of Birth _____ Occupation _____ Work Phone _____

Cell phone _____ E-mail: _____

Address: _____

Additional Information: _____

Dependents No Yes. If yes, list them:

Name	Relationship	SSN	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Did you have anyone living in your home during current tax year? No Yes If yes, length of time _____

Additional Information:

Who did you taxes before? Another professional Friend or Relative Self

What is a major quality you expect from your accountant? _____

How did you hear about us? Referral , Ad in newspaper . If yes, name of that publication _____