

Dependent Questionnaire

Your Name:	_____
Parents' Name:	_____
Phone:	_____
Email:	_____
Social Security #:	_____
DOB:	_____
Address:	_____
Is this a new address? Yes / No (circle one)	

Are you being claimed by your parents? Yes / No (circle one)

If No, please fill out the New Client Questionnaire

Did you have health insurance for all 12 months? Yes / No

If No, please explain: _____

Did you attend school Full Time? Yes / No (circle one) K-12 or College (circle one)

Would you like direct deposit or a paper check? (circle one) Is it the Same as last year? Yes / No (circle one)

Bank Name: _____
Routing Number _____
Account Number: _____ Circle One: Checking -or- Savings
(Please provide a voided check or deposit slip)

We need to have the following on file:

_____ ~Copy of Driver's License _____ I do not have a Driver's License (please initial)
_____ ~Copy of Social Security Card
_____ ~Copy of last years return (if any)

Signature Date