

New Client Questionnaire

GENERAL INFORMATION:

Taxpayer Name: _____ Phone: _____ Email: _____ Occupation: _____ Social Security #: _____ DOB: _____ Address: _____ _____ _____	Spouse Name: _____ Phone: _____ Email: _____ Occupation: _____ Social Security #: _____ DOB: _____
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How did you hear about us? _____

Please circle the main contact for your tax return: Taxpayer -or- Spouse (circle one)

What is your preferred method of contact? Phone -or- E-mail (circle one)

Would you like direct deposit or a paper check?

Bank Name: _____

Routing Number: _____ Circle One: Checking -or- Savings

Account Number: _____

(Please provide a voided check NOT a deposit slip)

Since you are new to C&C Business Mgmt, LLC we will need the following on file to be in compliance with IRS regulations:

_____ ~Copies of Driver's Licenses for EVERYONE listed on return

_____ ~Copies of Social Security cards for EVERYONE listed on the return

_____ ~Copy of last years return

DEPENDENT INFO:

	Name	Age	D.O.B.	Social Security #	Claimed every year?
Dependent #1					yes / no
Dependent #2					yes / no
Dependent #3					yes / no
Dependent #4					yes / no

Do any of your dependents have W-2 income? Yes / No (circle one)

Do any of your dependents attend a daycare or private school? Yes / No (circle one)

(If yes, please supply tuition stmts & Grade)

HEALTH/DENTAL INSURANCE INFO:

How many months in the tax year did you have health insurance? _____ (Fill Out information below)

Insured Person(s)	Name	# of Months Insured
Taxpayer		
Spouse		
Dependent #1		
Dependent #2		
Dependent #3		
Dependent #4		

Did you have insurance through your employer? _____ (Yes or No)

Did you pay for Cobra Health Insurance? _____ (Yes or No) If yes, how much did you pay last year? \$ _____

Did you have Marketplace Insurance? _____ (Yes or No) If yes, we need a Form 1095 for your tax preparation.

If you had Medicare, did you also have a Supplement? _____ (Yes or No) If yes, how much did you pay last year? \$ _____

New Client Questionnaire

Taxpayer Last Name

INCOME:

Yes

No

Did you receive social security benefits, unemployment or disability pay? (Please circle all that apply)		
Do you own your own business?		
Do you own a rental property?		
Did you buy or sell any stocks, bonds or other investment property?		
Did you receive child support?		
Did you pay or receive Alimony? (circle one) (Need social security #, name & amount you rec'vd or paid)		

INVESTMENTS:

Yes

No

Did you or will you contribute to an IRA or ROTH IRA (outside of your employer)? (Please give detail)		
Did you take a distribution from ANY retirement account?		
Did you make any contributions to or take a distribution from an HSA (Health Savings Account)?		
Did you contribute to an EdVest Account?		

ITEMIZING:

Yes

No

Do you have a mortgage loan, home equity loan or a camper loan? (Circle all that apply)		
Did you pay property taxes on your <u>main</u> home?		
Did you purchase, sell or re-finance your home? (please circle one) (If yes, need closing statement)		
Do you pay property taxes or mortgage interest on a <u>second</u> home or land? (circle all that apply)		
Do you have charitable contributions?		

MISCELLANEOUS & OTHER DEDUCTIONS:

Yes

No

Do you, or any of your dependents, have college tuition, college books purchased or student loan interest? (Please circle all that apply)		
Did you pay rent? If yes, need amount paid \$ _____/month		
If you paid rent, was heat included?		
Did you make any estimated federal or state tax payments? (These are payments applied to the current year that you sent a check in for; does NOT include payment plans or money taken from your paycheck)		
Did you make any Internet, mail order, or other out-of-state purchases that you did NOT pay Sales Tax on?		

Taxpayer OR Spouse Signature & Date