



Annual Dependent Questionnaire

~Dependent Info~

**Only fill out if dependent is employed and we are processing their tax return

Name: _____

Phone: _____

Email: _____

Occupation: _____

Social Security # (if new): _____

Date of Birth (if new): _____

Address: _____

Parents Name: _____

If you are a new client, we need:

- A copy of your prior year tax return
- A copy of Driver's License if you have one
- A copy of your Social Security Card

Would you prefer Direct Deposit of your refund? Yes ~ No (circle one)

- If yes, please attach a voided check (not a deposit slip)

~Health Insurance Information~

- Did you have health insurance thru your parents? Yes ~ No (circle one)

~Education Information~

- Did you attend college? Yes ~ No (circle one)

Signature & Date of Person Completing Questionnaire