



## Annual Dependent Questionnaire

### ~Dependent Info~

\*\*Only fill out if dependent is employed, claimed by you & 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