TAX RETURN QUESTIONNAIRE

TAXPAYERS NAME: **Social Security #:**

Date of Birth: **Occupation:**

Veteran **Yes** ☐ **No** ☐

SPOUSE'S NAME: **Social Security #:**

Date of Birth: **Occupation:**

Veteran **Yes** ☐ **No** ☐

Street Address: **City**

State: **Zip Code:** **County:**

Phone Number: **Cell T/P:** **Cell Spouse:**

Filing Status: **Single** ☐ **MF joint** ☐ **MF separate** ☐ **Head of household** ☐

Dependent of Another Taxpayer: **Yes** ☐ **No** ☐

DEPENDENT INFORMATION:

Name	DOB	SS#	Relationship Son/daughter	Attends college?

DIRECT DEPOSIT INFORMATION

NAME OF BANK:

ROUTING #:

ACCOUNT #:

TYPE OF ACCOUNT: **CHECKING** ☐ **SAVINGS** ☐