



CLIENT QUESTIONNAIRE

New client(s): Yes or No

Filing Status: Single , Married Filing Joint , Married Filing Separate , Head of Household

Taxpayer	Spouse
First Name:	First Name:
Middle Initial:	Middle Initial:
Last Name:	Last Name:
Social Security Number:	Social Security Number:
Date of Birth:	Date of Birth:
Occupation:	Occupation:
Company(SE only):	Company(SE only):
Cell Phone: _____ Text Message: Yes <u> </u> or No <u> </u> Newsletter: Yes <u> </u> or No <u> </u>	Cell Phone: _____ Text Message: Yes <u> </u> or No <u> </u> Newsletter: Yes <u> </u> or No <u> </u>
Home Phone:	Home Phone:
Email:	Email:

Address: _____

City: _____ State: _____ Zip Code: _____

Dependents

<u>Full Name</u>	<u>Social Security Number</u>	<u>DOB</u>	<u>Relationship</u>	<u>Disabled(yes or no)</u>

Direct Deposit Information: Free! You can choose Direct Deposit even if not filing electronically.

Tax preparation fees are due at time of filing. Payment methods accepted are cash, check, or credit cards.

Name of Bank: _____ Checking: _____ or Savings: _____

Routing Number: _____ Account Number: _____

REFUND TRANSFER _____ FAST CAST ADVANCE UP TO \$7,000* _____ FAST FORWARD by SBTPG _____

Sign & Date: _____