



Returning Clients/ Drop-Off/Fax Questionnaire

SELF-EMPLOYED

NAME SSN#

- 1. Verify Address: SAME? OR NEW?
2. Verify Phone #:
3. Verify Dependents: SAME? OR NEW?

Table with 6 columns: NAME, DOB, SSN, RELATIONSHIP, HEALTH INS FOR ENTIRE YEAR?, DAY CARE AMT

4. Housing Info: RENT \$ per month PROPERTY TAXES: \$ yearly

If you changed residence during 2017, please verify how many months at OLD/NEW address.

OLD: MONTHS \$ NEW: MONTHS \$

5. Which filing method will you use for this years' returns?

Table with 3 columns: TYPE (Refund Method), CHECK, DIRECT DEPOSIT

Routing# Acct# Checking Savings

6. Do you have a Gas Bill in your name? YES NO If YES, yearly amount?

7. Did you receive unemployment benefits in 2017? YES NO

8. Do you have any unpaid IRS debt, Child Support, Student Loan, Military or Bank Product Loan that delinquent? YES NO

If YES, which and how much?

9. Did you or your dependents attend college formal training during 2017? YES NO

If YES, please provide loan amount and and/or qualified tuition and fees and list any out-of-pocket expenses, such as books, materials, and supplies. \$

10. \* If you and your dependents DID NOT have health insurance for entire year, please indicate, which month you/your dependents were covered. (Please refer to your Form 1095A/C)

Payment is due at time of service. If for any reason, payment is not received, an ACH will be issued or legal actions will be pursued to acquire payment.

11. Driver's License or STATE ID#: Exp.

SIGNATURE: