

INDIVIDUAL QUESTIONNAIRE

Tax Year _____

PLEASE COMPLETE THE FIRST TWO SECTIONS ONLY IF YOU ARE A NEW CLIENT OR IF YOU HAVE CHANGES/ADDITIONS TO THE PREVIOUS YEAR'S INFORMATION.

Name		SSN	
Occupation		Birthdate	
Spouse		SSN	
Occupation		Birthdate	
Address		Home Phone	
City/St/Zip		Work Phone	
Bank Info for Direct Dpst:	Name of Bank		
	Routing #	Acct #	

DEPENDENTS

Name	Birthdate	Relationship	SSN

CHILD CARE CREDIT

Name and Address of Child Care Provider	SSN	\$ Amt

Number of qualifying children under age 13	
Employer paid dependent care benefits	\$

