



## NEW CLIENT QUESTIONNAIRE

**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Client SSN: \_\_\_\_\_ Spouse SSN: \_\_\_\_\_

Client DOB: \_\_\_\_\_ Spouse DOB: \_\_\_\_\_

Client Driver's License: \_\_\_\_\_ Spouse Driver's License: \_\_\_\_\_

State Of Issue: \_\_\_\_\_ Issue Date: \_\_\_\_\_ State Of Issue: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### DEPENDENT INFORMATION:

Please spell all dependents names exactly as they appear on their Social Security Card

Number of Dependents: \_\_\_\_\_

Dependent 1 Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Dependent 1 SSN: \_\_\_\_\_ Dependent 1 DOB: \_\_\_\_\_

Dependent 2 Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Dependent 2 SSN: \_\_\_\_\_ Dependent 2 DOB: \_\_\_\_\_

Dependent 3 Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Dependent 3 SSN: \_\_\_\_\_ Dependent 3 DOB: \_\_\_\_\_

If more lines needed for Dependents, please ask for additional dependent form.

### INCOME (CIRCLE ALL THAT APPLY):

W-2	1099	Interest	Capital Gains/Losses
Other Gains/Losses	Pensions/IRA's	Rents/Royalties	K-1
Unemployment	Social Security	IRA	Schedule C
Alimony	Pension/Profit Sharing	Winnings	Dividends
Other Income			



**New Client Questionnaire (Continued)**

**RESIDENCE:**

Do you own or Rent: \_\_\_\_\_ If Own, do you have a Mortgage: \_\_\_\_\_

Do you have your 1098 from your Mortgage Lender? \_\_\_\_\_

Did you pay property tax? \_\_\_\_\_

**CHARITABLE CONTRIBUTIONS:**

Did you make any charitable donations in 2016? Yes \_\_\_\_\_ No \_\_\_\_\_

**HEALTH INSURANCE:**

Do you have Health Insurance? \_\_\_\_\_

Were there any months you or your family did not have health insurance, If yes, how many?: \_\_\_\_\_

Was your insurance purchased on the Exchange (95A)?: \_\_\_\_\_

Did you have any medical expenses that were not covered by Insurance? \_\_\_\_\_

**CHILD CARE/TUITION/STUDENT LOANS:**

Do you have any Child/Dependent Care Expenses? \_\_\_\_\_

Are you or any of your Dependents a Full or Part Time College Student? \_\_\_\_\_

Did you make any Student Loan Payments in 2016? \_\_\_\_\_

**MOVING EXPENSES:**

Did you have any moving expenses? \_\_\_\_\_

**FINCEN FORM 114**

At any time in 2016 did you have a financial interest in or signature authority over financial accounts with aggregate value of \$10,000 or more located in a foreign county? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, you must file FinCen Form 114 by April 15, 2017 with the United States Treasury.**

**NOTES:**

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