



**TAX RETURN QUESTIONNAIRE**

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20 GateKeeper Dr, Suite 400, Youngsville, NC 27596

TAXPAYER			
NAME		OCCUPATION	
DATE OF BIRTH		PHONE#	
SSN#		EMAIL	
		DRIVER LICENSE#	
		ISSUE DATE	
		EXPIRATION DATE	

SPOUSE			
NAME		OCCUPATION	
DATE OF BIRTH		PHONE#	
SSN#		EMAIL	
		DRIVER LICENSE#	
		ISSUE DATE	
		EXPIRATION DATE	

ADDRESS			
STREET			
CITY	STATE	ZIP CODE	

DEPENDENT 1				DEPENDENT 2				DEPENDENT 3						
NAME				NAME				NAME						
DATE OF BIRTH				DATE OF BIRTH				DATE OF BIRTH						
SSN#				SSN#				SSN#						
CHILD CARE	Y	N	TUITION?	Y	N	TUITION?	Y	N	CHILD CARE	Y	N	TUITION?	Y	N

DEPENDENT 4				DEPENDENT 5				DEPENDENT 6						
NAME				NAME				NAME						
DATE OF BIRTH				DATE OF BIRTH				DATE OF BIRTH						
SSN#				SSN#				SSN#						
CHILD CARE	Y	N	TUITION?	Y	N	TUITION?	Y	N	CHILD CARE	Y	N	TUITION?	Y	N

BANKING FORMATION	
BANK INSTITUTION	
ROUTING NUMBER	
ACCOUNT NUMBER	

Did you have healthcare coverage through the Health Insurance Marketplace?    Y    N
Did you receive Unemployment Compensation?    Y    N

NOTES

Fill out form save it for your records print out a copy and bring in to your first meeting.