

## TAX RETURN QUESTIONNAIRE

Phone: (984) 237-0044

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20 Gatekeeper Dr, Suite 400, Youngsville, NC 27596

TAXPAYER (please provide a copy of your driver's license)															
Name							Occupa	tion							
Date of Birth							Phone N	Number							
SSN#							Email Address								
SPOUSE (please provide a copy of your driver's license)															
Name							Occupa	tion							
Date of Birth							Phone N	Number							
SSN#							Email Address								
ADDRESS															
Street:															
City:								State:		Z					
DEPENDENTS (up to 6 people can be listed below)															
#1. Name			#2. Name					#3. Name:							
SS#:			SS#:					SS#:							
DOB:				DOB:					DOB:						
Childcare?	Y N	Tuition?	Y N	Childcare?	Y N	Tuit	tion?	Y N	Childcare?	Υ	N	Tuition?	Y	N	
#4. Name				#5. Name					#6. Name						
SS#:				SS#:					SS#:						
DOB:				DOB:					DOB:						
Childcare?	Y N	Tuition?	Y N	Childcare?	Y N	Tui	tion?	Y N	Childcare?	Υ	N	Tuition?	Υ	N	
BANKING INFORMATION															
Banking Institu	tion:		Checking □ <u>OR</u> Savings □												
Routing Number:															
Account Number:															
		Did you hav	Did you have healthcare coverage through the Health Insurance Marketplace?											V	
								•				Y			
		Did you receive Unemployment Compensation										Υ		<b>V</b>	
NOTES:			<del> </del>												
					<del> </del>										