Walker Accounting & Tax Service

CLIENT QUESTIONNAIRE

PLEASE FILL OUT COMPLETELY

PLEASE PRINT		SS#		Name (First, MI, Last)		Date of Birth
PRIMARY						
SPOUSE						
MAILING ADDRESS/ STREET ADDRESS						
CITY, STATE, ZIP						
DAYTIME PHONE			EVENING PHONE		CELL PHONE	
OCCUPATION PRIMARY				OCCUPATION SPOUSE		
**EMAIL ADDRESS:						

Please provide your **Social Security Card, Picture ID** and all tax information documents with this questionnaire. We will return the originals to you.

Circle Yes or No Please answer all your questions Front and Back 1. Did we do your taxes last year? (If not, please provide a copy of last year's return.) Yes or No 2. Did you receive your full refund last year? (If not, explain why) ______Yes or No 3. Did you receive a letter of any type from the IRS or any State last year? ______Yes or No 4. Have you ever been denied Earned Income Tax Credit or had a child disallowed as a dependent on your tax return by the IRS? (IF YES PLEASE EXPLAIN) ______ Yes or No 5. Are you claiming any dependents on your tax return? (If so you must provide a copy of their Social Security Card and Birth Certificate, additional documents may be required to qualify for EITC, CTC, Etc.) Yes or No Has your marital status or filing status changed during 2023? ______ Yes or No 6. 7. Please CIRCLE your status: MARRIED SINGLE WIDOWER OR, DIVORCED DATE SEPARATION DATE 8. Did you receive any unemployment compensation in 2023? (if yes provide 1099-G) ______Yes or No Have you put any money INTO or taken any money OUT OF any Tax deferred 9. account during 2023? (Such as IRA's, 401K's, Pension, Annuities, 529 plans, HSA, MSA) Yes or No 10. Have you paid any daycare expenses in 2023 for a child under age 13 or a disabled spouse or another disabled dependent? (Daycare provider statement required) ______Yes or No

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