



17310 Stuebner Airline Rd. Spring, TX 77379
Office (281) 374-6351 Fax (281) 596-7519

CLIENT QUESTIONNAIRE

TAXPAYER

Name _____
(First) (Middle) (Last Name)

SSN _____

Occupation _____

Date of Birth _____

Address _____
(Street, City, State, Zip Code)

Phone (Home) _____ (Work) _____

Marital Status: Single _____ Married _____ Married but separated _____ Divorced _____ Widowed _____

e-mail _____

Are you a prior Client _____ Yes _____ No
SPOUSE

Name _____
(First) (Middle) (Last Name)

SSN _____

Occupation _____

Date of Birth _____

Phone (Home) _____ (Work) _____

e-mail _____

CHILDREN OR DEPENDENTS

NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	MONTHS LIVED W/TP

CHILD CARE

NAME	ADDRESS	SSN/EIN	AMOUNT

QUALIFY CHILDREN _____

OTHER INCOME:

Interests in Bank Accounts (Saving, CD,s) Amount \$ _____

Dividends, Stocks Amount \$ _____

Unemployment Compensation Amount \$ _____

EDUCATIONAL EXPENSES:

College/University Amount \$ _____

Taxpayer(s) Signature

DATE _____