



Client Tax Questionnaire 2024

Taxpayer Information

First Name

Middle Name

Last Name

SSN

Occupation

Date of Birth

Mobile #

Email Address

Address

Street

City

State

Zip

Resident of Texas as of 12/31?

Dependents

First Name

Last Name

SSN

Date of Birth

Relationship

Banking Information

Name of Institution

Bank Account #

Routing #

Type of Account

Spouse Information

First Name

Middle Name

Last Name

SSN

Occupation

Date of Birth

Mobile #

Email Address