

2023 YEAR

INCOME TAX QUESTIONNAIRE

	*Home	Your Office	Spouse's Office
Date	Phone No.	Phone No.	Phone No.
*Your Name		*Date of Birth	Blind () Over 65 ()
*Your Spouse's Name		*Date of Birth	Blind () Over 65 ()
*Home Address		E-mail Address	
Driver License Information (His) #, Dates		Driver License Information (Her) #, Dates	
Your Occupation?		*Your Social Security No.	
Spouse's Occupation?		*Spouse's Social Security No.	
*Names of Dependents Claimed Name (First, Initial, and Last Name)	*Date of Birth	*Dependents Social Security No.	Relationship Child, etc. No. of Months Lived In Your Home During Yr.
CHILD AND DEPENDENT CARE EXPENSES			
Name of Person or Organization Who Provided the Care	Address of Provider (number, street, city, state, & zip code)	Amount Paid	Identification Number (Soc.Sec. No. or EIN)
ESTIMATED TAXES PAID AND CREDITS			
Period	Date Pd.	Federal	State
Current Year			
		Contributions	IRA
		Keogh	
1ST QTR		\$	\$
		You	\$
2ND QTR		\$	\$
		Spouse	\$
3RD QTR		\$	\$
Do either you or your spouse participate in a pension, profit sharing,			
4TH QTR		\$	\$
		Keogh, SEP or 401 K Plan Yes () No ()	
PRIOR		\$	\$
		Did you withdraw funds Yes () No ()	
Attach all Forms 1099 - INT, DIV, R			
Attach all W-2 & W-2C			
Attach all Addition Forms That Need To Be Reported (If in Doubt - Send It)			
Attach copies of driver license			