

LENNONCPA

TAX SERVICES, LLC

CLIENT QUESTIONNAIRE

Client Name _____ Client Social Security # _____ - _____ - _____
Client Street Address _____ Client Date of Birth _____
Client City, State, Zip _____ Client Occupation _____
Client Home Phone # _____ Spouse Name _____
Client Cell Phone # _____ Spouse Social Security # _____ - _____ - _____
Best time to call? _____ Spouse Date of Birth _____
Latest we can call? _____ Spouse Occupation _____
Client email address _____ Spouse email address _____

Copy of last year's return attached?

If you have dependents, please enter detail below:

Dependent #1

Name _____ Social Security # _____ - _____ - _____
Date of Birth _____ Relationship _____

Dependent #2

Name _____ Social Security # _____ - _____ - _____
Date of Birth _____ Relationship _____

Dependent #3

Name _____ Social Security # _____ - _____ - _____
Date of Birth _____ Relationship _____

State of Residence? _____ Did you live and work in this state for the entire year? Yes No

Did you have health insurance for the full year? Please attach all form MA 1099-HC's. Yes No

Do you own rental property? Yes No

Do you own your own business? Yes No

Do you have social security or retirement income? Yes No

Did you sell any mutual funds or stocks during the year? Yes No

Are you a member of a partnership, corporation or trust? Yes No

Do you own your own home? Please enclose all real estate tax payments. Yes No

~ Please complete both pages ~

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Did you pay any student loan interest during the year?

Yes No

Did you have education expenses for you or anyone on your return?

Yes No

Did you receive or pay alimony or child support?

Yes No

Do you pay rent in Massachusetts? If yes, please see below:

Yes No

Monthly rent _____ Name of Landlord _____

Please list all other documents enclosed: _____

Are you currently a client of Lennon Insurance?

Yes No

If not, would you like a free quote? We will need a copy of your current policy.

Yes No

Please tell us how you heard about us _____

Please review your tax information carefully. Your tax returns are being prepared from information furnished by you. Any false, misleading, or missing information could result in additional tax liabilities plus penalties and interest. By signing below, you are confirming that all entries above are true, to the best of your knowledge, and that all relevant documents are enclosed.

Sign Name

Print Name

Date

~ Please complete both pages ~