

INDIVIDUAL TAX QUESTIONNAIRE (1040)

If we did not prepare your prior year tax returns, provide a copy of federal and state returns for the two previous years. Print and complete all applicable sections. All names should appear as recorded with the Social Security Administration.

	Taxpayer		Spouse		Date _____
Social Security Number	_____		_____		
First Name	_____		_____		
Last Name	_____		_____		
Occupation	_____		_____		
Military Veteran	Yes No		Yes No		
Legally blind	Yes No		Yes No		
Dependent of another taxpayer	Yes No		Yes No		
Date of birth	_____		_____		
Daytime phone	_____		_____		
Cell phone	_____		_____		
May we text you?	Yes No		Yes No		
*If yes, cell phone carrier	_____		_____		
Home Address	_____				
City, State & Zip	_____		County	_____	
NY /PA School District	_____		Township	_____	
Taxpayer E-mail	_____		Spouse e-mail	_____	
Preferred form of communication:	_____		Primary contact	_____	
Referred by	_____				

Office Use:

Client

Onvio Portal

Yes No

Please continue on the next page.

Dependents & other residents in your home

<i>First Name</i>	<i>Last Name</i>	<i>Date of Birth</i>	<i>Social Security Number</i>	<i>Relationship</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you and/or spouse have a business?

Yes No

If yes, business name(s) _____

Entity: Sole Proprietor Single Member LLC Partnership Corporation

If you are a business owner, did you receive a Paycheck Protection Program (PPP) loan? Yes No

If yes, did you apply for PPP loan forgiveness? Yes No

Direct Deposit/Electronic Funds Withdrawal Information

If you would like to have a refund deposited directly or a balance due debited directly into/from your bank account, please enter the following information:

Financial Institution _____ Type of Account (1 = Savings, 2 = Checking) _____

Routing Transit Number _____ Account number _____

Please continue on the next page.