

CLIENT TAX QUESTIONNAIRE

TAXPAYER

SSN

FIRST NAME MID IN.

LAST NAME

DATE OF BIRTH MO. DAY YEAR

OCCUPATION

HOME PHONE

WORK PHONE

CELL PHONE

ADDRESS

CITY STATE

ZIP

E-MAIL

WHAT COUNTY DO YOU LIVE IN?

SPOUSE

SSN

FIRST NAME MID IN.

LAST NAME

DATE OF BIRTH MO. DAY YEAR

OCCUPATION

CAN YOU BE CLAIMED ON ANYONE'S TAX RETURN
AS A DEPENDENT?

YES NO



Pamlico Tax Service

214 West 3rd Street, Washington, NC 27889

Phone (252) 975-3681 • Fax (252) 975-1342

E-mail: pamlico409@aol.com

DEPENDENTS

	FIRST NAME	LAST NAME	SOCIAL SECURITY #	RELATION	DATE OF BIRTH
1.	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

NOTES

CLIENT QUESTIONS

Do you want an advance? YES NO

1. FILING STATUS (please put check mark)

Single Married Married but filing separately

Head of Household

How many dependents are you claiming?

Did you have Marketplace insurance? YES NO

(If YES, please attach Form 1095-A.)

2. Total Child Tax Credit amount you received for August through December 2021:

\$ (Please attach Form 6419)

Stimulus amount - 3rd (2021) \$

3. Did you receive any unemployment for 2021?

YES NO

If YES, please indicate total amount: \$

(Please attach form 1099-6G).

4. Would you like any refund deposited into your bank account?

YES NO

If YES, please provide the following information:

Bank Name

Routing Number

Bank Account Number

PAYMENT INFORMATION

Type of Credit Card: _____
VISA, MASTERCARD, DISCOVER, ETC..

Name of Card Holder: _____

Address on Card: _____
STREET ADDRESS
CITY
STATE ZIP

Card Number: _____

Expiration Date: _____ / _____
MONTH YEAR

CVV2/CV2 Code: _____ 3-DIGIT CODE ON BACK OF CREDIT/DEBIT CARD

I have authorized R.A. Pitts, DBA Pamlico Tax Service to process my credit card.

Signature: _____

PLEASE FAX TO (252) 975-1342 OR TEXT TO (252) 940-8296.
WE WILL GLADLY WAIT UNTIL YOU RECEIVE YOUR REFUND
BEFORE WE PROCESS YOUR CARD.

1. Are you or your spouse Active Military? YES NO

2. Do you receive Social Security? YES NO

3. ALIMONY

Did you receive Alimony? YES NO

If YES, when was decree finalized?

Alimony received:

3a. Do you pay Alimony? YES NO

If YES, when was decree finalized?

Alimony paid

Alimony paid to

Social Security #

4. INTEREST & DIVIDENDS

Did you receive Bank/Brokerage Interest or Dividends?

YES NO

If YES, please provide the following information:

Bank Interest Received

(Attach form 1099-INT)

Savings Bonds

(Attach form 1099-DIV)

Dividend Interest

****Please be sure to attach all requested forms.****

5. Did you itemize your tax return last year? YES NO

State refund amount \$

State tax paid \$

6. MEDICAL

Health Insurance Paid

Prescriptions Paid

Doctors & Dentists Paid

7. RETIREMENT & STOCKS

Did you receive any distribution from a retirement account? YES NO
If YES, attach Form 1099-R

Were any stocks sold from your brokerage account? YES NO
If YES, attach Form 1099-B

8. TAXES PAID

Real Estate

Personal Property

9. INTEREST PAID

Mortgage

Mortgage Points

Investment

10. CHARITY & GIFTS

Church

Non Cash (Under \$500)

Non Cash (Over \$500)