

# 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.

SCHOOL: \_\_\_\_\_

2.

SCHOOL: \_\_\_\_\_

3.

SCHOOL: \_\_\_\_\_

4.

SCHOOL: \_\_\_\_\_

5.

SCHOOL: \_\_\_\_\_

NOTES

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## 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. Did you receive any unemployment for 2022?

YES  NO

If YES, please indicate total amount: \$

(Please attach form 1099-6G).

### 3. 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

CHECKING  SAVINGS

## 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: \_\_\_\_\_

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)