

CLIENT TAX QUESTIONNAIRE

TAXPAYER

SSN

FIRST NAME

MID IN.

LAST NAME

DATE OF BIRTH

| | | | | | |
|----------------------|-----|----------------------|-----|----------------------|------|
| <input type="text"/> | MO. | <input type="text"/> | DAY | <input type="text"/> | 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

| | | | | | |
|----------------------|-----|----------------------|-----|----------------------|------|
| <input type="text"/> | MO. | <input type="text"/> | DAY | <input type="text"/> | 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

1. Are you or your spouse Active Military? Yes No

2. Did you receive Unemployment? Yes No
(Attach Copy)

3. Do you receive Social Security? Yes No
(Attach Form SSA-1099)

4. Did you receive Alimony? Yes No
Alimony received \$

5. Do you pay Alimony? Yes No
Alimony Paid \$
Paid To:

First Name *Last Name*
Social Security #

6. Did you receive Bank Interest?
Bank Interest Received Yes No
Savings Bonds Yes No
Dividend Interest Yes No

7. Did you itemize your tax return last year? Yes No
State Refund Amount \$
State Tax Paid \$

8. **MEDICAL**
Health Insurance Paid \$
Prescription Paid \$
Doctors & Dentists Paid \$

9. **MISCELLANEOUS EXPENSES**
Union Dues \$
Uniforms \$
Misc. Expenses \$

10. **TAXES PAID**
Real Estate \$
Personal Property \$

11. **INTEREST PAID**
Mortgage \$
Mortgage Points \$
Investment \$

12. **CHARITY & GIFTS**
Church \$
Non Cash (Under \$500) \$
Non Cash (Over \$500) \$

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"/> |
| 6. | <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"/> |
| 7. | <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"/> |
| 8. | <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"/> |

PLEASE INCLUDE A COPY OF YOUR DRIVERS LICENSE,
AND SOCIAL SECURITY CARD FOR YOU AND YOUR DEPENDENTS,
TO HELP US PREVENT "IDENTITY THEFT".