NEW INDIVIDUAL CLIENT QUESTIONNAIRE

Tax Year	Tax Type	1040	Filing Status

TAXPAYER	SPOUSE
Full Legal Name	Full Legal Name
Occupation	Occupation
SSN Number	SSN Number
Date of Birth	Date of Birth
Daytime Phone #	Daytime Phone #
Mobile Phone #	Mobile Phone #
Email Address	Email Address
Driver License #	Driver License #
Expiration Date	Expiration Date
Issue Date	Issue Date

PLEASE CONFIRM BANK INFORMATION BELOW TO RECEIVE DIRECT DEPOSIT

Bank:
Routing Number:
Account Number:

PICK UP INFORMATION - SELECT ONE

- ☐ Paper Copy - Opelika
- ☐ Paper Copy - Auburn
- ☐ Electronic- SafeSend
- ☐ Other?

CURRENT ADDRESS

St. #	Street Name	Apt /Ste

City	State	Zip

CHANGES SINCE LAST RETURN FILED

☐ Death ☐ Move ☐ Birth ☐ Filing Status ☐ Other

DETAILS

DEPENDENT(S)

Legal Name	Date of Birth	SSN #

NOTES/QUESTIONS

TAX INFORMATION

Did you provide us with a copy of your prior year return?	☐ Yes ☐ No
Will we prepare projections? If so, how often?	☐ Yes ☐ No
Do you own or rent your main home?	☐ Own ☐ Rent
Do you file in multiple states?	☐ Yes ☐ No
Did you take any distributions from an HSA or 529 plans?	☐ Yes ☐ No
Did you pay any daycare/private school/529/college tuition expenses?	☐ Yes ☐ No
Did you have health insurance through Marketplace?	☐ Yes ☐ No
Do you own any rental properties or small businesses?	☐ Yes ☐ No
Did you take any money out of an IRA, 401K, or other retirement fund?	☐ Yes ☐ No
Did you buy or sell any virtual currency?	☐ Yes ☐ No
Are you waiting on info or documents for the tax year indicated above?	

PLEASE ATTACH THE FOLLOWING IF APPLICABLE

- ☐ W-2 - Wages
- ☐ 1099-SA - Medical Distributions
- ☐ 1099-R - Retirement Distributions
- ☐ SSA-1099 - Social Security
- ☐ 1099-B - Stock Sales/Investments
- ☐ 1099-NEC/MISC - Self Employment
- ☐ K-1 - Partnership, S Corp, or Trust Income
- ☐ 1099-G - Unemployment
- ☐ 1098-MIS - Mortgage Interest
- ☐ Property Taxes/Vehicle Tags
- ☐ 1098-T - Tuition Expenses
- ☐ 1095-A - Marketplace Insurance
- ☐ 1098-E - Student Loan Interest
- ☐ Daycare Statements
- ☐ Charitable Contribution Receipts
- ☐ Estimates Paid

FOR OFFICE USE ONLY

HHB Client ID:
Estimated Billing:
Received By:
Referral Source:
Project Details:
NR Deposit Details: