



FRANCISCO CHUA PATAWARAN & ASSOC., LLC

Tax Preparation & Consulting

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NEW & EXISTING Client Questionnaire

Tax Period : 12/31/

Member of: The National Society of Accountants

The National Association of Tax Professionals

SERVING ALL 50 STATES - WE'RE JUST A FAX, E-MAIL OR MAILBOX AWAY!

Please Fill Out Completely and Legibly

Taxpayer: _____
(Please print exactly as it appears on SS Card)

Spouse: _____
(Please print exactly as it appears on SS Card)

SSN: _____

SSN: _____

Occupation: _____

Occupation: _____

D.O.B.: _____

D.O.B.: _____

E-mail: _____

E-mail: _____

Work Tel.: _____ Ext. _____

Work Tel.: _____ Ext. _____

Cell: _____

Cell: _____

Home Tel.: _____

Fax : _____

Home Address: _____ County: _____

LIST ALL DEPENDENTS: (please print exactly as it appears on SS Card)

	Name:	SSN:	D.O.B:	Relationship
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

For Direct Deposit, please provide us with your bank information:

Same as last year:
(no need to re-enter bank info) (Checking: _____ Savings: _____)

Bank: _____ Routing #: _____ Account #: _____

Please provide us a copy of a voided check (not deposit slips or debit cards) to ensure accuracy of the above bank information. For in office clients please have a check available. (no need to void)

PLEASE RETURN THIS FORM ALONG WITH YOUR IMPORTANT TAX DOCUMENTS

Referred By: _____ **GET PAID \$25.00** for Every New Client You Refer!

Make copies of this form and distribute to your family & friends. Do not forget to write your name above as a referrer.