

Beard & Associates, LLC
is Your Tax Pro

Ref #: _____

Individual New Client Questionnaire

What services do you need (circle all that apply)? Tax / Accounting / Business Development / Representation / Other

Taxpayer's Name: _____ **Joint Taxpayer's Name:** _____

Form Completed By: _____ **Date:** _____

Taxpayer's Nickname: _____ **Joint Taxpayer's Nickname:** _____

Physical Address: _____ **Billing Address: (If different than physical address)** _____
 _____ Attn: _____
 _____ Address: _____

Preferred method of contact: _____ Best time to contact: _____

SS #: _____ SS #: _____

Birth Date: _____ Birth Date: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Home Phone: _____ Anniversary: _____

Fax: _____ Fax: _____

List All Dependents: (Children, Elderly Parents, Disabled Relatives or Other),

Name	SS Number	Birth Date	Relation

Do you have ownership in or is anyone on the return a beneficiary in any of the following (circle all that apply)?

Sole Proprietorship / Partnership / C Corporation / S Corporation / Trust / Estate/Other

How did you hear about *Beard & Associates, LLC/YourTaxPro*? _____

SOCIAL SECURITY CARDS:

___YES ___NO Do you have a Social Security card for each person on the return?

Please supply us with a Social Security Card for each person listed on the tax return.

Please continue the questionnaire on the reverse side

DEPENDENT OF ANOTHER PERSON

- 1. Can the taxpayer be claimed as a dependent of another person (such as a parent)? __ YES __ NO
 If "YES" was or will the taxpayer be claimed as a dependent on that person's tax return? __ YES __ NO

EARNED INCOME TAX CREDIT (EITC or EIC):

- Have you ever applied for or received the EITC? (If "No" skip to State of Residency) __ YES __ NO
- 1. Can the taxpayer be claimed as a dependent of another person (such as a parent)? __ YES __ NO
 If "YES" was the taxpayer claimed as a dependent on that person's tax return? __ YES __ NO
 - 2. Can the spouse be claimed as a dependent of another person (such as a parent)? __ YES __ NO
 If "YES" was the spouse claimed as a dependent on that person's tax return? __ YES __ NO
 - 3. Was EIC disallowed or reduced in a previous year and the taxpayer asked to file Form 8862? __ YES __ NO
 - 4. Has the taxpayer been notified by the IRS that EIC cannot be claimed this tax year? __ YES __ NO

STATE OF RESIDENCY:

Taxpayer: Are you:

- Full-year resident of Michigan
- Part-year resident of Michigan What was the previous state of residence: _____
 Date left the previous state: _____ Date of residency in MI: _____
- Non-resident of Michigan What is your state of residency? _____

Joint Taxpayer: Are you:

- Full-year resident of Michigan
- Part-year resident of Michigan What was the previous state of residence: _____
 Date left the previous state: _____ Date of residency in MI: _____
- Non-resident of Michigan What is your state of residency? _____

MICHIGAN DISABILITY:

Blind	Paraplegic/Hemiplegic/Quadriplegic
Deaf	Totally & Permanently Disabled
Disabled Veteran	Other: _____

DIRECT DEPOSIT:

Would you like any refund received **Direct Deposited?** __ YES __ NO

If "Yes", please provide a Voided check or the following from a bank ID Card:

Financial Institution Name: _____

Routing Number: _____ Account Number: _____

NOTE: As a matter of policy, if your return qualifies, your return will be electronically filed (Federal, State & Local)