

*Beard & Associates, LLC*  
*is Your Tax Pro*

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

**2023 Individual On-Boarding Questionnaire**

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

How did you hear about *Beard & Associates, LLC / Your Tax Pro*? \_\_\_\_\_

**Taxpayer's Full Name:** \_\_\_\_\_                      **Joint Taxpayer's Full 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: \_\_\_\_\_

**DEPENDENTS:** *Please list all children, elderly parents, disabled relatives or others that you can claim*

Name	SS Number	Birth Date	Relation

**OTHER TAX RETURNS:**

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

Sole Proprietorship (LLC)    Partnership (LLC)    C-Corporation    S-Corporation    Trust    Estate/Other

