

*Beard & Associates, LLC*  
is Your Tax Pro

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

**2024 Individual On-Boarding Questionnaire**

What services do you need (circle all that apply)?

Tax Preparation      Tax Planning      Accounting      Business Development      Tax Representation      Other

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

Form Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

The completion of this form and the dropping off or uploading of tax information gives *Beard & Associates, LLC* permission to prepare your tax return(s). Any work on your returns(s) will result in preparation fees due at time of pickup.

**Taxpayer's**

**Joint Taxpayer's**

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

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

## Individual On Boarding Questionnaire (Continued)

**SUPPORTING MATERIAL:**

- Do you have a Social Security card for each person on the return? \_\_\_ YES    \_\_\_ NO
- Do you have a drivers license or state id for the taxpayer and joint taxpayer (if applicable)? \_\_\_ YES    \_\_\_ NO
- Do you have documentation supporting the dependency of each person on the return? \_\_\_ YES    \_\_\_ NO

To help us comply with IRS requirements of establishing the legal right to claim each dependent on the tax return, we ask you to supply us with each dependent’s Social Security Card and birth certificate or other legal documents which identifies that you can claim each dependent on your tax return.

**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
2. Can the joint taxpayer be claimed as a dependent of another person (such as a parent)? \_\_\_ YES    \_\_\_ NO  
 If “YES” was or will the spouse be claimed as a dependent on that person’s tax return? \_\_\_ YES    \_\_\_ NO

**EARNED INCOME TAX CREDIT (EITC or EIC):**

1. Have you ever applied for or received the EITC? (If “No” skip to State of Residency) \_\_\_ YES    \_\_\_ NO
2. Was EIC disallowed or reduced in a previous year and the taxpayer asked to file Form 8862? \_\_\_ YES    \_\_\_ NO
3. 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      Previous state of residence: \_\_\_\_\_  
 Date left the previous state: \_\_\_\_\_      Date established 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      Previous state of residence: \_\_\_\_\_  
 Date left the previous state: \_\_\_\_\_      Date established 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 and AUTOMATIC WITHDRAW:**

- Would you like any refund received **Direct Deposited**? \_\_\_ YES    \_\_\_ NO
- Would you like any payments required to be **Automatically withdrawn**? \_\_\_ YES    \_\_\_ NO

If “Yes” for either of the questions above, please provide a voided check (not a deposit slip) or the following from a bank ID Card or website:

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)*