



Annual Personal Client Update Questionnaire

ANY UPDATES TO YOUR TAX RETURN? *if yes, please fill out new info where appropriate

Date
Client Name On Record
Client Name Change
Contact Info Change
New Phone #
New Email Address
Address Change
City State Zip
Filing Status Change
Specific Contact Instructions

Change in Dependents? Please add info below for any new dependant(s)

Spouse Name
SS#
Date of Birth
Occupation
Cell Phone Email
Driver's License
Issue Date: Expires:

New Dependent #1 Name
SS#
Date of Birth
Full Time Student?

New Dependent #2 Name
SS#
Date of Birth
Full Time Student?

New Business Ownership? * If YES, please provide details
New Rental Property Change? * If YES, please provide details
Direct Deposit Change? * If YES, please fill out new info below and provide Voided
New Bank Name
New Bank Account Number
New Routing Number

Note: **All tax returns will be electronically filed UNLESS manual filing is requested

Note: **Completed client copy will be sent via secure email

Miscellaneous Comments