

# CLIENT TAX QUESTIONNAIRE

## TAXPAYER

SSN

FIRST NAME

MID IN.

LAST NAME

DATE OF BIRTH

 MO.  DAY  YEAR

OCCUPATION

HOME PHONE

WORK PHONE

CELL PHONE

ADDRESS

CITY

STATE

ZIP

E-MAIL

WHAT COUNTY DO YOU LIVE IN?

## SPOUSE

SSN

FIRST NAME

MID IN.

LAST NAME

DATE OF BIRTH

 MO.  DAY  YEAR

OCCUPATION

CAN YOU BE CLAIMED ON ANYONE'S TAX RETURN  
AS A DEPENDENT?

YES

NO



## Abbasi Tax Services LLC

6107 Johnnycake Rd,  
Gwynn Oak, MD 21207

Phone (443) 851-1973 •

Office (410) 878-2064

E-mail: [na194cpa@gmail.com](mailto:na194cpa@gmail.com)

1. Are you or your spouse Active Military? Yes  No

2. Did you receive Unemployment? Yes  No   
(Attach Copy)

3. Do you receive Social Security? Yes  No   
(Attach Form SSA-1099)

4. Did you receive Alimony? Yes  No   
Alimony received \$

5. Do you pay Alimony? Yes  No   
Alimony Paid \$   
Paid To:  
   
*First Name* *Last Name*  
Social Security #

6. Did you receive Bank Interest?  
Bank Interest Received  Yes  No   
Savings Bonds  Yes  No   
Dividend Interest  Yes  No

7. Did you itemize your tax return last year? Yes  No   
State Refund Amount \$   
State Tax Paid \$

8. **MEDICAL**  
Health Insurance Paid \$   
Prescription Paid \$   
Doctors & Dentists Paid \$

9. **MISCELLANEOUS EXPENSES**  
Union Dues \$   
Uniforms \$   
Misc. Expenses \$

10. **TAXES PAID**  
Real Estate \$   
Personal Property \$

11. **INTEREST PAID**  
Mortgage \$   
Mortgage Points \$   
Investment \$

12. **CHARITY & GIFTS**  
Church \$   
Non Cash (Under \$500) \$   
Non Cash (Over \$500) \$

# DEPENDENTS

	FIRST NAME	LAST NAME	SOCIAL SECURITY #	RELATION	DATE OF BIRTH
1.	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

PLEASE INCLUDE A COPY OF YOUR DRIVERS LICENSE,  
AND SOCIAL SECURITY CARD FOR YOU AND YOUR DEPENDENTS, TO HELP US  
PREVENT "IDENTITY THEFT".

SAVE AND EMAIL US THIS FORM WITH YOUR ATTACHMENTS

**NA194CPA@GMAIL.COM**