

# CLIFFORD W. STUMBO, CPA

## CLIENT QUESTIONNAIRE

TODAY'S DATE \_\_\_\_\_

NEW CLIENT?  Yes  No

### PART I. YOUR PERSONAL INFORMATION

First Name	M.I.	Last Name	Social Security #	Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's First Name	M.I.	Last Name	Social Security #	Is Spouse a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address		Apt #	City	State
Contact Information		Cell: _____	Email: _____	
Home #:	Spouse Cell: _____		Spouse Email: _____	
Date of Birth	Job Title	Are you: Legally Blind		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Totally/Permanently Disabled		<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's Date of Birth	Spouse's Job Title	Is Spouse: Legally Blind		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Totally/Permanently Disabled		<input type="checkbox"/> Yes <input type="checkbox"/> No

Can anyone claim you or your spouse on their tax return?  Yes  No  Unsure

Did you make internet purchases where NO SALES TAX was paid? ie. Amazon  Yes  No If yes, Amount? \_\_\_\_\_

For direct deposit purposes, is the Bank and Account # same as last tax filing?  Yes  No If not, provide voided check. \_\_\_\_\_

### PART II. MARITAL STATUS AND HOUSEHOLD INFORMATION

As of December 31, 2013, were you?

- Single
- Married: Did you live with your spouse during any part of the last six months of 2013?  Yes  No
- Divorce or Legally Separated: Date of final decree or separate maintenance agreement: \_\_\_\_\_
- Widowed: Date of spouse's death: \_\_\_\_\_

List other dependents who lived in your home. Include others outside of your home that you provided more than 50% support. For new clients, provide a copy of dependent's social security card(s). For additional dependents, check  and list on back page.

Name (first, last) <small>Do not enter your name or spouse's name below</small>	Date of Birth <small>mm/dd/yy</small>	Relationship to you <small>(e.g. daughter, son, mother, sister, none)</small>	No of months lived in your home in 2013	US Citizen <small>Yes or No</small>	Marital Status as of 12/31/2013 <small>S or M</small>	Full-time student in 2013 <small>Yes or No</small>	Earned less than \$3,900 income in 2013 <small>Yes or No</small>

### PART III. INCOME - IN 2013, DID YOU (OR YOUR SPOUSE) RECEIVE:

Yes	No	Unsure	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Wages or Salary? (Forms W-2's) Tip Income?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Have any interest or authority over a financial account in a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Self Employment payments (such as cash received for services, small businesses)? (Form 1099-MISC)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Refund of state income taxes? (Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Alimony Income?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Income (or loss) from the sale of Stocks, Bonds or Real Estate? (Forms 1099-B, 1099-S)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Distributions from Pensions, Annuities, and/or IRA? Disability Income? (Forms 1099-R)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Unemployment Compensation? (Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Income from S-Corporations or Partnerships? (Forms K-1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Other Income (Gambling, Lottery, Prizes, Awards, Jury Duty, etc.)

