

DONNELLY-BOLAND TAX SERVICES

Income Tax Preparation Client Questionnaire

New Client?	Yes	No
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Today's Date

SECTION 1. PERSONAL INFORMATION

Taxpayer First Name				MI	Last Name				
Social Security Number				—					
Date of Birth	Month			Day			Year		
Address							Apt #		
City					State		Zip		
Occupation									
Phone Number	Home			Work			Mobile		
Email Address									

Spouse First Name				MI	Last Name				
Social Security Number				—					
Date of Birth	Month			Day			Year		
Address							Apt #		
City					State		Zip		
Occupation									
Phone Number	Home			Work			Mobile		
Email Address									

SECTION 2. GENERAL TAX INFORMATION

Copy of last year's return?	Yes	No	<i>(So we can do our FREE two year comparison)</i>
Electronic Filing?*	Yes	No	<i>(We submit your return to the IRS online for free)</i>

If you choose yes for electronic filing, we can have your refund directly deposited into your bank account, or authorize automatic withdrawal if payment is owed. **If yes, please complete Section 3 on the next page.*

SECTION 3. E-FILE (ELECTRONIC FILING) INFORMATION

Fill in this section **only** if you would like us to file your return electronically.

Bank Account #	Bank Routing #
Bank Name	Voided Check Yes No

SECTION 4. LOCAL TAX RETURNS

If you would like us to file your local tax returns, please complete this section.

Municipality	Rate %	Agency
School District	Rate %	Agency

SECTION 5. DEPENDENT INFORMATION

Please list any dependents (if applicable) you plan on claiming on your tax return.

DEPENDENT #1

First Name				MI	Last Name			
Social Security Number				—	—			
Date of Birth	Month			Day		Year		

DEPENDENT #2

First Name				MI	Last Name			
Social Security Number				—	—			
Date of Birth	Month			Day		Year		

DEPENDENT #3

First Name				MI	Last Name			
Social Security Number				—	—			
Date of Birth	Month			Day		Year		

DEPENDENT #4

First Name				MI	Last Name			
Social Security Number				—	—			
Date of Birth	Month			Day		Year		

SECTION 6. ESTIMATED PAYMENTS

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Federal				
State				
Local				

SECTION 7. BUSINESS INFORMATION

Please tell us about your business.

Are you self-employed?	Yes	No		
Do you have inventory?	Yes	No		
Annual Business Income	\$0-15,000	\$15,001-40,000	\$40,001-75,000	\$75,001+
Type of Business				

SECTION 8. UNREIMBURSED AUTO INFORMATION

Expenses need to be substantiated with mileage logs and trip sheets.

Auto Make	Auto Model	Auto Year
Total Business Miles Driven		

SECTION 9. TAXPAYER VERIFICATION & DECLARATION

We will not audit or otherwise verify the data you submit. Accordingly, our engagement cannot be relied upon to disclose errors, fraud, or other illegal acts that may exist. It may be necessary to ask you for clarification of some of the information you provide and we will inform you of any material errors, fraud, or other illegal acts that come to our attention. You are responsible for maintaining an adequate and efficient accounting system, for safeguarding assets, for authorizing transactions and for retaining supporting documentation for those transactions, all of which will, among other things, help assure the preparation of proper returns. Furthermore, you are responsible to review all of the information presented on your tax return for correctness.

Taxpayer Signature _____ Date _____

Spouse Signature _____ Date _____

YOU CAN DROP THIS FORM OFF AT THESE OFFICE LOCATIONS:

BALDWIN	2801 Custer Ave • Pittsburgh, PA 15227 • 412-882-5383
BRENTWOOD	3730 Brownsville Rd • Pittsburgh, PA 15227 • 412-884-4829
WAYNESBURG	69 S. Washington St • Waynesburg, PA 15370 • 724-627-6491