A

CLIENT INCOME TAX QUESTIONNAIRE

11940 Jollyville Rd, Ste 100-S Austin, Texas 78759

Office: 512/346-6595

Toll Free 1-800-400-5193

Fax: 512/346-6594

Email: info@austinbs.com

Name: SS # Occupation

FIRST

MI

LAST

Birthdate Home/Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_

Spouse's Name: SS # Occupation

FIRST

MI

LAST

Marital Status as of Dec. 31st (circle one)

Single

Married

Widow(er)

If Widow(er), Spouses date of death

No. of Months lived in your

Student

home this year Yes or No

First

Last

BIRTHDATE

RELATIONSHIP

I authorize Austin Business Services to Direct Deposit my/our refund or pay my/our balance due from the following accounts:

Checking-Routing #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Saving-Routing #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IRA CONTRIBUTION

Wife: $

IRA CONTRIBUTION

Husband: $

FORMS AND DOCUMENTS

1. Provide ALL forms, such as: W-2's, 1099's, K-1's, 1098’s and Brokerage statements.

2. If you are able to itemize, please provide personal deductions such as: Mortgage Interest, Property Taxes, Medical  
 Expenses and Charitable Contributions.

3. If you sold or purchased a home, please provide closing statements on real estate.

4. If you have rental property, please provide all income (1099) and expenses plus mortgage interest, taxes, HOA,  
 insurance, utilities, advertising and management fees for each rental property.

5. Provide any other Income and Expense documents you may have. **“REMEMBER HEALTH INSURANCE”**

\*\*If you own a business, you are required to furnish an inventory of merchandise on hand for resale as of Dec. 31st:

Amount owed for this inventory $

Amount of Inventory (at your cost) $

DECLARATION:

I have provided the information on this form to the best of my knowledge and hereby declare it is a complete and ready for the preparation of my/our income tax returns. Where business deductions are shown, I acknowledge having spent these amounts and have kept a log or diary of such activities, pursuant to section 274(a) and can fully substantiate such deductions.

Taxpayer Date Spouse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (must be signed)

Signature

Amount Paid

SSN or EIN

Complete Address

Provider's Name & Phone #

CHILD CARE EXPENSES

DEPENDENTS

SS #

NAME

MI

Mailing Address

Cell Phone #'s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you claimed as a dependent on another person's tax return? return?

Yes

No