

**Eagle Eye Financial Solutions Inc., Income Tax Division
Client Questionnaire**

| | | | | | | | |
|---|-----------------------------------|----------------------|---|----------------------------|------------------------------|------------------------|--------------------------------|
| Date: | | New Client? YES / NO | | Referred By: | | | |
| | Name | SSN | Date of Birth | License # | State | Expiration Date | |
| Taxpayer | | | | | | | |
| Spouse | | | | | | | |
| Taxpayer's Address | Street: | | | Apt #: | | | |
| | City: | | State: | Zip: | | | |
| Taxpayer's Occupation: | | | Spouse's Occupation: | | | | |
| Contact Information *For banking requirements, please list two (2) different telephone numbers * | | | | | | | |
| | Day Phone: | | Email Address: | | | | |
| | Evening Phone: | | I would like to be contacted via email. | YES / NO | | | |
| | Mobile Phone: | Call/Text/Both | Are You on FaceBook? YES NO | Join Us on FB | | | |
| | Emergency Contact Person: | | Emergency Phone: | | | | |
| Filing Status | | Select One | I would like more information about: | | | | |
| 1 | Single | [] | | | | | |
| 2 | Married Filing Joint | [] | | | | | EE Franchise Opportunity |
| 3 | Married Filing Separate | [] | | | | | Travel Discounts |
| 4 | Head of Household | [] | | | | | Life Insurance |
| 5 | Qualifying Widow(er) w/ Dependent | [] | | | | | Purchase or Refinance Mortgage |
| Dependent Information | | | | | | | |
| | First and Last Name | SSN | Date of Birth | Relationship to You | If Disabled, Describe | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| Taxpayer Questions | | | | | | | |
| Filing Status | | | YES | NO | Unsure | | |
| Did the dependents listed above live with you for at least 6 months out of the year? | | | | | | | |
| Can your parents or anyone else claim you or your spouse on their tax return? | | | | | | | |
| Did you work in any state other than Louisiana? | | | | | | | |
| Do you want to donate \$3 to the Presidential Campaign Fund? | | | | | | | |
| Tax Filing History | | | | | | | |
| Are there any tax years in which you have not filed your tax return? | | | | | | | |
| Have you ever been reviewed (audited) by the IRS? | | | | | | | |
| Income | | | | | | | |
| Are all forms of income provided at this time? (Ex. W-2, 1099, etc) | | | | | | | |
| Did you receive unemployment benefits? | | | | | | | |
| Did you receive any non-taxable support/income? (Ex. Family Support, Food Stamps) | | | | | | | |
| Did you receive a state refund last year? | | | | | | | |
| Did you receive a federal refund last year? | | | | | | | |
| Do you have any self-employed income? (If yes, you must fill out a SE Questionnaire) | | | | | | | |
| Did you receive or pay alimony? | | | | | | | |
| Payments | | | | | | | |
| Do you or your spouse owe delinquent child support? | | | | | | | |
| Do you or your spouse have any federal delinquencies? (Ex. Taxes, Student Loan) | | | | | | | |
| Do you or your spouse have any state delinquencies? (Ex. Citations, Student Loan) | | | | | | | |
| Has the IRS ever denied you the Earned Income Tax Credit? | | | | | | | |

I do hereby state as fact that all of the above information supplied herein has been provided solely by me and is true.

Taxpayer's Signature _____ **Date** _____

Spouse's Signature _____ **Date** _____