

The following information you provide is confidential to Paola Tax and Accounting. Personal information will not be sold or shared with any outside source for any reason. This information is for no other purpose than to prepare your tax documents.

PERSONAL TAX PREPARATION QUESTIONNAIRE:

NAME: _____

DOB: _____ SSN: _____ DL#: _____ Issue: _____

Occupation: _____ Expires: _____

Spouse Name (if Filing Joint): _____

DOB: _____ SSN: _____ DL#: _____ Issued: _____

Occupation: _____ Expires: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Cell#: _____ Spouse #: _____

Email Address: _____

Best way and time to contact: _____

DEPENDENTS:

**Gender
M / F**

Name: _____ DOB: _____ SSN: _____

Did all of the dependents live with you for 12 months this past year? _____

Can any of the above dependents be claimed by another tax payer? _____

If yes, please indicate name/relationship: _____

If child(ren) didn't live with you for 12 months because of shared custody, do you have Form 8332 giving right to claim for tax purposes? _____

EDUCATION:

Did anyone in the household attend a college or university part time/full time during the last calendar year?

If yes, please indicate name: _____

Signature: _____ Date: _____

OFFICE USE ONLY	<input type="checkbox"/>	Driver Lic.	<input type="checkbox"/>	SS Card	<input type="checkbox"/>	Health Insurance: <input type="checkbox"/>
	<input type="checkbox"/>	DL Spouse	<input type="checkbox"/>	SS Spouse	<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	SS Dep.	<input type="checkbox"/>	