

## RETURNING Client Questionnaire: Harvey & Caldwell

Have you been victim of Identity theft? YES/NO  
IF Yes do you have an IP PIN YES/NO  
Do you have bookkeeping that needs to be done? YES/NO

Tax Year (s)

Date Dropped Off

Dropped off with:

Peace of Mind (POM) YES or NO

Approve Online (AOL) YES or NO

E-file return? YES/NO

If paper return there will be a \$90 fee

Direct Deposit? YES/NO

(please attach signed DD form)

Change of Address: \_\_\_\_\_

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

Preferred

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Taxpayer: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Spouse \_\_\_\_\_

Do you have any dependents? \_\_\_\_\_ How Many? \_\_\_\_\_

Any dependents coming off return? \_\_\_\_\_

Did you add dependents this year? \_\_\_\_\_ If so, we will need copy of card

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

**\*If you adopted last year, we need a copy of the adoption papers.**

**Did you get married or divorced in 2017? Yes / No**

If so, we will need copy of divorce decree or marriage license and new social security card.

**Did you have health insurance, YES or NO?**

If yes due to IRS regulations we need to retain a copy of the 1095A, 1095B or 1095C

**Notice: If you do not fill out the sheet entirely, you will be charged a \$50 RERUN fee if we have to make changes to the return.**

Signature \_\_\_\_\_ Date \_\_\_\_\_