

Accountability Questionnaire Form

TAXPAYER INFORMATION							
	Name	Social Security #			Birth Date		
You							
Spouse							
Occupation				Home Phone	Work Phone		
You							
Spouse							
ADDRESS (if first year client or change since last year)							
Street Address							
City		State		Zip			
Status changes This Year - Enter Dates							
Married		Spouse Deceased		Sold Home			
Separated		Dependent Deceased		Sold Property			
Divorced		Moved		You Spouse			
				Legally Blind			
DEPENDENTS (Soc. Sec. Numbers are MANDATORY)							
Name (include last name if diff.)		Soc. Sec. #	"	Mo. In Home During Year	Birth Date	If over age of 18	
						Income	If Student
" S=Son, D=Daughter, R=Relative, O=Other							