



## New Client Questionnaire

Thank you for choosing The Tax Rescue Group, in order for us to continue working on your case we need to collect documentation and information from you. Although most of the following may not apply to you it is important that you provide us with the information that does apply to you. Please make sure to fill out each section thoroughly and provide us with documentation to prove the information is true and accurate. As you find sections or boxes that do not apply to you please make sure to draw a line through them or mark them with "N/A" so we are clear those aspects do not apply in your case.

It is very important that the information provided is the most current information pertaining to your situation. It is also very important that we receive our forms filled out with documents that support the information you provide. We will need this information before we can work on a resolution with the Internal Revenue Service and/or State Treasury Departments. The faster you return the forms and documents the faster we can work on putting these problems behind you; without them the most we can do is review your case and petition for the delay of any enforced collections efforts.

Please sign and date below where indicated acknowledging that the information you are providing The tax Rescue Group is truthful, accurate and the most current information available to you. Further acknowledging that you understand any consequences that may arise from failing to return the requested information to The Tax Rescue Group in a timely fashion is solely your responsibility and could possibly cause additional fees to be charged should additional work need to be completed in order to resolve your case. We are doing everything in our power to provide our services as we originally discussed, please do everything in your power to keep your situation the same as we originally discussed.

Thank you for choosing The Tax Rescue Group!

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



## Document's that may be required

Please be prepared to provide the following documents to your practitioner in the future. Please do not send any of the documents until your practitioner has requested them.

- Last three mortgage statements (if applicable)
- Copy of your mortgage with signature page (If applicable)
- Rental/lease agreement and proof of last three payments. (If applicable)
- Property tax statement showing annual amount of property tax due.
- Home Owner's/rental insurance statement.
- Home Owners Association dues. (If applicable)
- Last three paystubs from employer/s including Spouse's (If applicable)
- Last 2 tax returns that have been filed.
- Any Income Tax Returns that correspond to the years of income tax delinquency.
- Health Insurance statement/s.
- Life Insurance statement/s.
- Auto Insurance statement/s.
- Last three car payment statements and proof of payment.
- Investment Account statement/s.
- Court Ordered payments. (e.g. child support, alimony, etc. if applicable)
- Last three months bank statements.
- Credit Card statement/s.
- Last three home residence gas bill/s.
- Last three home residence electric bill/s.
- Last home residence water bill/s.
- Last home residence sewage bill/s.
- Last home residence rubbish collection bill/s.
- Last three phone bill/s. (Home and/or mobile)

Full Name of Tax Payer and Spouse: \_\_\_\_\_



	Social Security Number	Date of Birth	Driver's License Number and State of Issue
Tax Payer			
Spouse			

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

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

Marital Status: Married \_\_\_\_\_ Never Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

If divorced or widowed what year or years did it occur: \_\_\_\_\_

**Please list your Dependents**

Name	Relationship	Age	D.O.B	Social Security Number



**Tax Payer Employer Name:** \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer Telephone Number: \_\_\_\_\_

How long have you been employed by this company: \_\_\_\_\_ years \_\_\_\_\_ months

Occupation: \_\_\_\_\_

How many exemptions do you claim on your W 4 (if applicable): \_\_\_\_\_

**Spouse's Employer Name:** \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer Telephone Number: \_\_\_\_\_

How long have you been employed by this company: \_\_\_\_\_ years \_\_\_\_\_ months

Occupation: \_\_\_\_\_

How many exemptions do you claim on your W 4 (if applicable): \_\_\_\_\_



## Current Monthly Income

<b>Taxpayer Income</b>	
How do you get paid: Weekly_____ Bi-Weekly_____ Monthly_____ Annually_____ Other_____	
What are the Taxpayers wages per term selected above?	\$
How much Federal Withholding tax do you pay during the term stated above?	\$
How much State & Local Taxes do you pay during the term stated above?	\$
How much do you pay in Social Security Taxes during the term stated above?	\$
If you are being garnished (NON IRS) How much per the term stated above?	\$
How much do you pay into retirement and Medicare per the term stated above?	\$

<b>Spouse's Income (If Applicable)</b>	
How do you get paid: Weekly_____ Bi-Weekly_____ Monthly_____ Annually_____ Other_____	
What are the Taxpayers wages per term selected above?	\$
How much Federal Withholding tax do you pay during the term stated above?	\$
How much State & Local Taxes do you pay during the term stated above?	\$
How much do you pay in Social Security Taxes during the term stated above?	\$
If you are being garnished (NON IRS) How much per the term stated above?	\$
How much do you pay into retirement and Medicare per the term stated above?	\$



## Current Monthly Income (Continued)

<b>Other Income (If Applicable)</b>	
Do you receive income from any interest related to investments or dividend paid from stocks, if so how much per month?	\$
Do you receive income from any distributions, if so how much per month?	\$
Do you receive any pensions or social security, if so how much per month?	\$
Do you receive any child support payments, if so how much per month?	\$
Do you receive any alimony payments, if so how much per month?	\$
Do you receive any income from rental properties, if so much do you receive per month after the expenses are paid?	\$
If you receive any other Income please Label: _____	\$
If you receive any other Income please Label: _____	\$
If you receive any other Income please Label: _____	\$
If you receive any other Income please Label: _____	\$



## Self Employment Income

<b>Profit &amp; Loss:</b> Accounting Method Used Cash _____ Accrual _____ Period of time the information below applies too (mm/dd/yyyy) Beginning: _____ Ending: _____			
Total Monthly Business Income		Total Monthly Business Expenses	
Source	Gross Monthly	Expense Items	Actual Monthly
Gross Receipts	\$	Materials Purchased	\$
Gross Rental Income	\$	Inventory Purchased	\$
Interest	\$	Gross Wages & Salaries	\$
Dividends	\$	Rent	\$
Cash	\$	Supplies	\$
Other Income(Specify Below)	\$	Utilities/Telephone	\$
	\$	Vehicle Gasoline/Oil	\$
	\$	Repairs & Maintenance	\$
	\$	Insurance	\$
	\$	Current Taxes	\$
	\$	Other (Inc. Installment Payments)	\$

### \*\*\*Additional documents required\*\*\*

\_\_\_\_\_ It is imperative that you return this package with a copy of your Profit and Loss statement.



## Current Monthly Expenses

<b>Food, Clothing and Miscellaneous</b>	
What is the total number of family members in your household?	
How much do you spend on food per month in your household?	\$
How much do you spend on housekeeping supplies in your household per month?	\$
How much do you spend on apparel and services in your household per month?	\$
How much does your household spend on personal care per month?	\$
How much do you spend on miscellaneous per month in your household?	\$

<b>Housing and Utilities</b>	
How much is your primary mortgage or rental/lease payment?	\$
If you have a secondary mortgage payment how much is the payment?	\$
How much is your Homeowners/Renters Insurance policy per month?	\$
How much is your gas/heating bill per month?	\$
How much is your electric bill per month?	\$
How much is your water bill per month?	\$
How much do you pay for sewage per month?	\$
How much do you pay for cable per month?	\$
How much are your Property Taxes?	\$





## Current Monthly Expenses (Continued)

<b>Housing and Utilities</b>	
If you pay for rubbish removal how much do you pay per month?	\$
How much do you pay for phone service per month?	\$

<b>Transportation Related Expenses</b>	
Do you make payments on your vehicle, if so how much do you pay per month?	\$
Do you make payments on a second vehicle, if so how much per month?	\$
Do you make payments on a third vehicle, if so how much per month?	\$
What is the total amount of automotive insurance you pay per month?	\$
How much does it cost to operate your vehicles per month? (Including gas and maintenance)	\$
Do you pay for any type of Public Transportation, if so how much per month do you pay?	\$

<b>Health Care Related Expenses</b>	
How many people in your household are over 65 years of age?	\$
What is the total amount you pay for the household's health insurance?	\$
How much per month do you pay for prescriptions?	\$
How much per month do you pay in Co Pays?	\$



## Current Monthly Expenses (Continued)

<b>Other Monthly Expenses</b>	
If you have a Whole Life Insurance Policy, how much do you pay per month?	\$
If you have a Term Life Insurance Policy, how much do you pay per month?	\$
If you pay for Child Care, how much do you pay per month?	\$
Are you making ANY Court Ordered payments, how much do you pay per month?	\$

<b>Other Secured Debts (Boats, RV's, Second Homes, etc.) If Applicable? Or any other Expenses you believe should be considered?</b>	
Please Label Expense: _____	\$
Please Label Expense: _____	\$
Please Label Expense: _____	\$
Please Label Expense: _____	\$
Please Label Expense: _____	\$
Please Label Expense: _____	\$
Please Label Expense: _____	\$
Please Label Expense: _____	\$
Please Label Expense: _____	\$
Please Label Expense: _____	\$
Please Label Expense: _____	\$







<b>Available Credit.</b> List Bank Issued Credit Cards with Full Name & Address (Street, City, Zip Code) of Credit Institution and Account Number	Credit Limit	Amount Owed	Available Credit	Minimum Payment
Account Number:				
Account Number:				
Account Number:				
Account Number:				
Account Number:				
Account Number:				
Account Number:				
Account Number:				
Account Number:				
Account Number:				
Account Number:				
Account Number:				
Account Number:				
Account Number:				
Account Number:				



<b>(1) Personal Vehicles Lease and Purchased.</b> Include boats, RV's, motorcycles, trailers, etc.							
Description:		Purchase/Lease Date (mm/dd/yyyy)	Current Fair Market Value	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mm/dd/yyyy)	Equity
Year	Make						
Mileage	Model	Lender/Leaser Name, Address (Street, City, Zip Code) and Phone.					
<b>(2) Personal Vehicles Lease and Purchased.</b> Include boats, RV's, motorcycles, trailers, etc.							
Description:		Purchase/Lease Date (mm/dd/yyyy)	Current Fair Market Value	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mm/dd/yyyy)	Equity
Year	Make						
Mileage	Model	Lender/Leaser Name, Address (Street, City, Zip Code) and Phone.					
<b>(3) Personal Vehicles Lease and Purchased.</b> Include boats, RV's, motorcycles, trailers, etc.							
Description:		Purchase/Lease Date (mm/dd/yyyy)	Current Fair Market Value	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mm/dd/yyyy)	Equity
Year	Make						
Mileage	Model	Lender/Leaser Name, Address (Street, City, Zip Code) and Phone.					



<b>(1) Real Property Owned, Rented, and Leased.</b> Include all real property and land contracts.							
Property Description	Purchase/Lease Date	Current Market Value	Fair Market Value	Current Loan	Monthly Payment	Date of Final Payment	Equity
Property Address Including County		Lender/Leaser/Landlord Name, Address and Phone.					
<b>(2) Real Property Owned, Rented, and Leased.</b> Include all real property and land contracts.							
Property Description	Purchase/Lease Date	Current Market Value	Fair Market Value	Current Loan	Monthly Payment	Date of Final Payment	Equity
Property Address Including County		Lender/Leaser/Landlord Name, Address and Phone.					
<b>(3) Real Property Owned, Rented, and Leased.</b> Include all real property and land contracts.							
Property Description	Purchase/Lease Date	Current Market Value	Fair Market Value	Current Loan	Monthly Payment	Date of Final Payment	Equity
Property Address Including County		Lender/Leaser/Landlord Name, Address and Phone.					



Life Insurance. Does the individual have life insurance with a cash value (Term Life Insurance does not have a cash value.)

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes complete the form below

Name & Address of Insurance Company	Policy Number	Owner of Policy	Current Cash Value	Outstanding Loan Balance





<b>(1) Personal Assets.</b> Include all furniture, personal effects, artwork, jewelry, collections (coins, guns, etc.), antiques or other assets.						
Property Description	Purchase/Lease Date	Current Fair Market Value	Current Loan	Monthly Payment	Date of Final Payment	Equity
Property Address Including County		Lender/Leaser/Landlord Name, Address and Phone.				
<b>(2) Personal Assets.</b> Include all furniture, personal effects, artwork, jewelry, collections (coins, guns, etc.), antiques or other assets.						
Property Description	Purchase/Lease Date	Current Fair Market Value	Current Loan	Monthly Payment	Date of Final Payment	Equity
Property Address Including County		Lender/Leaser/Landlord Name, Address and Phone.				
<b>(3) Personal Assets.</b> Include all furniture, personal effects, artwork, jewelry, collections (coins, guns, etc.), antiques or other assets.						
Property Description	Purchase/Lease Date	Current Fair Market Value	Current Loan	Monthly Payment	Date of Final Payment	Equity
Property Address Including County		Lender/Leaser/Landlord Name, Address and Phone.				