



Carl D. Long, EA

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CLIENT INFORMATION QUESTIONNAIRE

APPLICANT INFORMATION		
Name:		
Date of Birth:	SSN:	Phone:
Current Address:		
City:	State:	ZIP Code:
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly payment or rent:	How long?
<i>If Rent, please provide information below:</i>		
Landlord Name:	Landlord Address:	
City:	State:	ZIP Code:
SPOUSE INFORMATION IF JOINT FILING		
Name:		
Date of Birth:	SSN:	
DEPENDENTS (IF APPLICABLE)		
Name	SSN	Date of Birth
E-FILING – BANKING INFORMATION NEEDED		
Name of Financial Institution:		
Routing #:	Bank Account #:	
SIGNATURES		
I hereby certify that all the information in this return is true and correct to the best of my knowledge. I also certify that I do not owe any tax due and/or any tax liens from prior tax years, nor have I previously filed a current year income tax return.		
Signature of Applicant:		Date:
Signature of Spouse (<i>only if filing a joint return</i>):		Date:

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Name _____

Tax Filing Document Checklist:

- W-2's
- 1099's
- Student Loans
- Rental Properties
- Business Income/Expense (Schedule C)
- Copy of Prior Year Return Yes No
- Donation Statements
- Mortgage Information
- Bank Information - Routing # and Checking Acct #
- Amount of Rent Paid
- Day care Information

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