

GENESIS ACCOUNTING AND MANAGEMENT SERVICES, LLC
CLIENT QUESTIONNAIRE

Please circle one: New* Existing Today's date: _____

*If you are a new client, who referred you? _____

| | Name & SSN (new clients only) | Birth Date (if new client) | DL # (if new client or changed) | Issue Date | Exp Date |
|----------|-------------------------------|----------------------------|---------------------------------|------------|----------|
| Taxpayer | | | | | |
| Spouse | | | | | |

| | |
|---------------------------|------------------------|
| Email Address - Taxpayer: | Cell Phone - Taxpayer: |
| Email Address - Spouse: | Cell Phone - Spouse: |

| |
|-----------|
| Estimated |
| Payments? |
| FEDERAL |
| \$ |
| STATE |
| \$ |
| LOCAL |
| \$ |

| | |
|-----------------------------------|----------------|
| Current Address: | |
| Did you move during the tax year? | |
| If yes: | Prior Address: |
| | Date of Move: |

| |
|---|
| Did you have health insurance all 12 months of the tax year? |
| Did you purchase your health insurance via the marketplace on healthcare.gov? If yes, please provide copy of 1095-A. |

| Dependents for tax year: | | | | If over 18, | Number of months | Did you provide | Health Ins |
|--------------------------|-------------------------|------------|-----|-------------|------------------|-------------------|-------------|
| | Name, Age, Relationship | Birth Date | SSN | FT Student? | in home? | over 1/2 support? | all 12 mos? |
| | | | | | | | |
| | | | | | | | |
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|--|
| Can anyone else claim any of the dependents on their taxes? If yes, which and whom? |
| |
| Were any purchases made out of state which you did not pay sales tax? |
| |
| At any time during the year, did you receive, sell, exchange, or otherwise acquire any financial interest in any virtual currency? |
| |
| Are you paying or receiving alimony? If yes, was divorce finalized AFTER December 31, 2018? In no, please provide the year in which it was finalized |
| |
| Did you have any unemployment benefits during the tax year? If yes please provide 1099-G. |
| |
| Please list any charitable contributions: |
| |
| Do you have general questions, concerns or wish to provide any additional information? |
| |

| | |
|--------------------------------|----------------------|
| DIRECT DEPOSIT INFORMATION | |
| Routing # | Account # |
| Name of Financial Institution: | Checking or Savings: |