

TAX AUDITS & APPEALS
 TAX & ESTATE PLANNING
 BUSINESS SUCCESSION PLANNING
 TRUSTS & ESTATES
 PROBATE ADMINISTRATION
 TRUST & ESTATE LITIGATION



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CLIENT QUESTIONNAIRE

Please complete the following form to the best of your knowledge. If a section is not applicable, then please mark it **N/A at the end**. Finally, please add any additional information on extra sheets of paper or if you're completing this form in-office, please write on the back as needed.

Personal Information

The person listed first on the tax return should be treated as the Taxpayer for married couples filing jointly

Taxpayer's Name:	Spouse's Name:
Social Security Number:	Social Security Number:
Date of Birth:	Date of Birth:
Driver License Number:	Driver License Number:
Phone Number (Cell/Home):	Phone Number (Cell/Home):
Email:	Email:
<u>Complete Mailing Address:</u>	Marital Status: Single Married Separated Divorced Other:

Dependents Claimed on Personal Tax Return Information

(1) Dependent Name:	(3) Dependent Name:
Social Security Number:	Social Security Number:
Date of Birth:	Date of Birth:
Relationship:	Relationship:
(2) Dependent Name:	(4) Dependent Name:
Social Security Number:	Social Security Number:
Date of Birth:	Date of Birth:
Relationship:	Relationship:

Employment Information

Name of Employer:	
Address:	
Phone Number:	Start Date at Employer:
Employee or Independent contractor	Occupation:
Spouse's Name of Employer:	
Address:	
Phone Number:	Start Date at Employer:
Employee or Independent contractor	Occupation:

Other Financial Information

1.	Please provide the total value of any household furniture, personal affects, jewelry, collectables, and any other assets: _____ _____
2.	Please provide a list of the items included in the calculation above and identify those with indebtedness: _____ _____
3.	Are you part of any lawsuit? _____
4.	Have you filed for bankruptcy? ____ If so, what is the date you filed? _____ Date of discharge? _____
5.	Do you anticipate any substantial fluctuations in income? ____ If so, explain? _____ _____
6.	Have you lived outside the US in the last 10 years? _____
7.	Are you a beneficiary of an estate, trust, or life insurance policy? ____ If so, please attach the necessary documentation.

Bank Information

(1) Bank Name:	Name on Account:
Bank Address:	Type of Account: Checking Savings Other:
Current Account Balance \$ _____	as of _____. (date)
(1) Bank Name:	Name on Account:
Bank Address:	Type of Account: Checking Savings Other:
Current Account Balance \$ _____	as of _____. (date)
(1) Bank Name:	Name on Account:
Bank Address:	Type of Account: Checking Savings Other:
Current Account Balance \$ _____	as of _____. (date)

Credit Card Information or Line of Credit

(1) Name of credit card/Line of credit:	
Address	
Credit Limit:	Balance Owed:
Current Monthly Payment:	
(2) Name of credit card/Line of credit:	
Address	
Credit Limit:	Balance Owed:
Current Monthly Payment:	
(3) Name of credit card/Line of credit:	
Address	
Credit Limit:	Balance Owed:
Current Monthly Payment:	

Investment Accounts/Life Insurance

Please list all investments including any IRA, 401K, stocks, bonds, or other retirement plans

(1) Name of Institution:	(2) Name of Institution:
Address:	Address:
Phone Number:	Phone Number:
Type of Account:	Type of Account:
Current Value:	Current Value:
Outstanding Loan Balance:	Outstanding Loan Balance:
Monthly Payment:	Monthly Payment:
Initial Date of Loan:	Initial Date of Loan:
(1) Name of Institution:	Policy Number:
Address:	
Owner of the Policy:	Policy Type: Term Whole Life Other
Current Value:	Policy Number:
Outstanding Balance:	Monthly Payment:
(2) Name of Institution:	Policy Number:
Address:	
Owner of the Policy:	Policy Type: Term Whole Life Other
Current Value:	Policy Number:
Outstanding Balance:	Monthly Payment:

All Real Estate Owned

(1) Property Description:	(2) Property Description:
Address:	Address:
Purchase or Lease: Date:	Purchase or Lease: Date:
Purchase Price: \$	Purchase Price: \$
Current Value: \$	Current Value: \$
Outstanding Indebtedness/loan:	Outstanding Indebtedness/loan:
Final Payment Date:	Final Payment Date:
Monthly Payment: \$	Monthly Payment: \$
Name of Lender:	Name of Lender:
Address of Lender:	Address of Lender:
Has the property ever been refinanced?	Has the property ever been refinanced?
Refinanced Amount: \$	Refinanced Amount: \$
Date Refinanced:	Date Refinanced:
Monthly Payment: \$	Monthly Payment: \$
Date of Final Payment:	Date of Final Payment:
Why was the property refinanced?	Why was the property refinanced?

Personal Assets/Business Ownership/Virtual Currency

Jewelry/Furniture/Artwork/Antiques/Licenses/Patents/Copyrights/Furniture/Personal Effects

(1) Property Description:	Purchase Date:
Location/Address:	Current Value: \$
Loan Balance: \$	Monthly Payment: \$
Loan End Date:	Lender Info:
Outstanding Balance:	Monthly Payment:
(2) Property Description:	Purchase Date:
Location/Address:	Current Value: \$
Loan Balance: \$	Monthly Payment: \$
Loan End Date:	Lender Info:
Outstanding Balance:	Monthly Payment:

Vehicle Information

(1) Year/Make/Model:	Mileage:
Purchase Date:	License/Tag:
Current Value: \$	Purchase Price: \$
Outstanding Loan Balance: \$	Monthly Payment: \$
Name of Lender:	Final Payment Date:
Address of Lender:	
(2) Year/Make/Model:	Mileage:
Purchase Date:	License/Tag:
Current Value: \$	Purchase Price: \$
Outstanding Loan Balance: \$	Monthly Payment: \$
Name of Lender:	Final Payment Date:
Address of Lender:	

Monthly Income & Expenses

These are household expenses (please indicate whether you have a roommate or specific split of expenses)

Net Income (after taxes): \$	Net Income (spouse): \$
Net Income (self-employment):	Inheritance/Trust/Gift:
Social Security Income: \$	Pension: \$
Disability Income: \$	Other Income:
Rent/Mortgage: \$	Insurance: \$
Utilities: \$	Property Tax: \$
Cell Phone: \$	Food/Groceries: \$
Auto Payments: \$	Gas for Auto: \$
Public Transportation: \$	
Health Insurance: \$	Prescriptions/Out of Pocket: \$
Child Care: \$	Student Loan Payment: \$
Life Insurance/401K/IRA Contributions: \$	Other Expenses: \$

