

# Confidential Client Questionnaire

Thank you for selecting Wood Accounting Services LLC to assist you with the preparation of your tax return. Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

Taxpayer Name<sup>1</sup>  DOB  SSN

Gender  M  F Blind  Y  N Disabled  Y  N Job Title  DOD

Dependent on another return?  Y  N Name  SSN

Spouse Name<sup>2</sup>  DOB  SSN

Gender  M  F Blind  Y  N Disabled  Y  N Job Title  DOD

Dependents	DOB	SSN	Relation	Disabled	Lived With	Student
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Primary Telephone  Alternate Telephone

Mailing Address

Physical Address

Email Address

***If a move occurred during the tax, year please make notes in additional information section.***

County  School District  City/TWP/Boro  PSD Code

Bank Name  Routing#  Account#   CK  S

I do agree  I do not agree Upon deposit of my Federal Income Tax Refund, or the specified date of , I authorize Wood Accounting Services LLC to initiate either an electronic debit or to create and process a demand draft against my bank account for the amount of . Should my refund not be deposited as a result of garnishment Wood Accounting Services LLC may trigger the debit upon notification of such event. I understand that as a courtesy to me Wood Accounting Services LLC will attempt to contact me prior to debiting the payment, however my verbal consent is not needed in order to draft the account. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law. Signature

The tax information may not be disclosed or used by Wood Accounting Services LLC for any other purpose other than that permitted by this consent document. This consent will be valid for a period of three years from the date of signature. It applies to all tax returns, including previous and future years. **By signing this document you are agreeing to receive the Wood Accounting Services Tax Brochure, by email if one is provided, or in office at this time and confirming that all collected information is accurate to the best of you knowledge.**

I do not agree  to allow limited email or text message communications.

I do  agree to allow limited  email or  text message communications.

Cell Phone Number  Carrier

Password (Required for text)

Signature  Date

## Additional Tax Return Information

<input type="text"/>
<input type="text"/>
<input type="text"/>
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