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**CLIENT INFORMATION QUESTIONNAIRE**

	First Name	M.I	Last Name	Date of Birth MM / DD / YYYY	S.S # or ITIN	M \ F
Client	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F
Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F

Referred by:

Last Year Return prepared by  Accountant  Self  
 Did Not File  Other

**Address**

Street:  City:

State:  Postal Coode:  Country:

Client's Employer  Owner  Y  N   
 Position   
 US Citizen/GC Holder  Y  N

Spouse's Employer  Owner  Y  N   
 Position   
 US Citizen/GC Holder  Y  N

Do you have influential interest in a partnership or corporation? Y\N - if yes see table below  
 N  Y

Do you own rental properties?  Y  N

Do you have a pending IRS or State Audit?  Y  N

**Telephone Numbers (Area, number, ext):**

Home:	<input type="text"/>	Home Fax:	<input type="text"/>
Client's Work:	<input type="text"/>	Client's Work Fax:	<input type="text"/>
Spouse's Work	<input type="text"/>	Spouse's Work Fax:	<input type="text"/>
Client's Mobile:	<input type="text"/>	Client's E Mail:	<input type="text"/>
Spouse's Mobile:	<input type="text"/>	Spouse's E Mail:	<input type="text"/>

**Dependents**

Relationship	First Name	M.I.	Last Name	Date of Birth	SSN or ITIN	M	F
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>

**Companies in which you or your spouse have an influential interest:**

Name	Address	EIN\TIN	Date Started	% Owned	Position
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**I verify that the above information is correct**

Current Date  Client's Signature:  Spouse's Signature