

Martin Stubbs Tax & Financial Services
1301 RiverPlace Blvd., Suite #800
Jacksonville, Florida 32207
Office: 904/278-0117
Fax#: 904/278-4693

2024 CLIENT QUESTIONNAIRE

Date: _____

Taxpayer Name: _____ DOB: _____ SS# _____
Driver License: _____ State: _____ Issue Date: _____ Expire Date: _____
Document # (if NY DL): _____ Occupation: _____
Home Phone#: _____ Mobile#: _____ E-Mail Address: _____
IRS PIN# (REQUIRED, If Applicable): _____ Referred by: _____

Spouse Name: _____ DOB: _____ SS#: _____
Driver License#: _____ State: _____ Issue Date: _____ Expire Date: _____
Document # (if NY DL): _____ Occupation: _____
Mobile #: _____ E-Mail Address: _____
IRS PIN# (REQUIRED, If Applicable): _____

Physical Address: _____
City: _____ State: _____ Zip Code: _____ County: _____
Mailing Address (if different): _____
Block# and Lot# (if NJ property): _____

PERSONAL AND CONFIDENTIAL COMMUNICATIONS

****DEPENDENTS ONLY****

NAME: _____ **SS#:** _____ **DOB:** _____ **RELATIONSHIP:** _____ **Attend Daycare or College (Y/N)** _____

- 1)
- 2)
- 3)
- 4)
- 5)

Did all dependents live with taxpayer for more than half of the year? _____

Did everyone in your household have healthcare coverage? _____

Any daycare or college expenses (Y/N)? _____ Please list: _____

If applicable, would you like to have our fees taken out of your refund (Y/N)? _____ If yes, an additional fee (from a 3rd party bank) of \$59.90 will apply. **(PLEASE BE AWARE THAT THIS 3RD PARTY BANK WILL RECOUP OUR FEES ON OUR BEHALF IF YOUR REFUND IS INTERCEPTED FOR BACK TAXES, STUDENT LOAN, CHILD SUPPORT, ETC.).**

If applicable, would you like your refund direct deposited into your bank account (Y/N)? _____ If yes, please provide bank information below:

Bank Name: _____ Routing#: _____ Account#: _____

Account Type: (Checking or Savings): _____

Is your name on the bank account (Y/N): _____

Service Agreement:

Full payment is due upon completion of service. Appointment of the service of Martin Stubbs Tax & Financial Services signifies consent to pay all fees and any additional fees associated with the collection of unpaid fees.

Taxpayer Signature: _____ **Date:** _____

Spouse Signature: _____ **Date:** _____

NOTE: We are required to have you complete this form in its entirety each year per IRS codes.