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Personal Questionnaire

The key to good representation is a thorough understanding of your personal situation. Some of these questions may seem very personal, but they are all necessary.

Today's Date:/	/	
Taxpayer's Name:	DOB:	SSN:
Spouse Name:	DOB:	SSN:
Address:		How Long?
Taxpayer Phone:	Email:	
Spouse Phone:	Email:	
1. Who prepared your return that is under audit?		
2. Did you pay someone to prepare your return?		
3. What service does accountant perform?		
4. How long has this person/firm prepared your retu	ırn? What records did ye	ou supply?Yrs
5. Was an amended return filed?		
6. Are you or your spouse blind or 65?		
7. Did you receive any IRS notices regarding this ta	x return prior to the auc	lit notice?
8. Have you had any prior year audits? If so, what y	year(s)?	
9. Are you required to file any other tax returns?	-	
10. Have you filed all tax returns including the curre	ent year's tax return?	
11. Are there any changes or additions to your return	n since filed? (Any kno	wn errors or omissions)
12. If yes, did you discover any income items not in	ıcluded or possible dedu	actions?
13. To the best of your knowledge, was all income r	reported?	
14. If married, when did you marry?		
15 Did you pay any household help or other emplo	vees?	

16. Income Sources (please place an "x" next to all that apply):

	X		X		X
Interest		Child support		Welfare	
Dividends		Prizes, awards		Unemployment	
Sale of Assets		Bonuses		VA Benefits	
Other Jobs		Gambling/Lotteries		Military allowance	
Investments		Insurance		Foreign Bank Accounts	
Tips		Estate/Trusts		Pensions	
Commission		State Tax Refund		Annuities	
Hobbies		Employer Reimbursement		Profit Sharing	
Rent/Royalty		Gifts, Inheritance		IRA/Keogh Distributions	
Alimony		Scholarships, Fellowships, Grants		Stocks	
Partnerships		Loans		Foreign Income, Investments or Transactions	
Sick Pay		Social Security		Other	

If income was received but	not rep	oorted on your tax	return please expl	ain:	
17. Do you belong to any b	arterin	g clubs or organiz	zations? If so please	explain.	
18. Dependents / Exemptio	ns:				
Name	Age	Birth Date	Relationship	Place of Residence	Occupation
19. Other Children, regardl	ess of a	uge (not claimed a	on tax return):		
Name	Age	Birth Date	Relationship	Place of Residence	Occupation
20. Do the children noted in	n 18 an	d 19 above attend	l public or private s	chool? Please specify:	
21. Do any of your dependent	ents/chi	ldren have disab	ilities? Please speci	fy:	
22. Please list all former sp	ouses a	nd dates of marri	age and divorce:		
23. Do you pay alimony or	child s	upport?			
24. Describe your current jo	ob and	name of emplove	er.		

Job Description

Job Description

How long?

How long?

Taxpayer Employer Name

Spouse Employer Name

Annual Salary

Annual Salary

25. How are you paid? How Often
26. Please tell us about your hobbies, pets and other interests.
27. Do you have any income/expense producing hobbies?, please explain
28. Please list and describe all of your vehicles:
29. Do you own your current residence? If yes, when did you purchase it, what was the purchase price and down payment? What kind of mortgages do you have? What are the monthly payments?
30. How was the down payment paid? Cash or check?
31. What was the beginning and ending mortgage balance of the year under audit? What was the mortgage paymen and property taxes for that year?
32. Do you have any other real estate?
33. Did you have any financial investments or own property in any foreign city in the nature of:
a. Bank accounts? If so, what is the bank name, account number and average balance?
b. Securities?
c. Investments in corporations, partnerships, trust accounts or other assets?
34. Do you have any other loans? (auto, installments?) Do you have credit card payments? What are the monthly payments?
35. Did you refinance your mortgage loan in (Audit Year)?
36. Did you have any property settlements?
37. Do you own stock? Did you sell any stock?
38. Did you make any other major purchases in this tax year? (Car, boat, furniture, etc.)
39. What is your educational background?
40. Where do you maintain your personal bank accounts –Name of financial institution and address:
41. Do you have a PayPal account? If so, do you use it for more than paying bills?
42. Generally how much cash do you have on hand (not cash that is in the bank, but cash that you actually carry wi

43. Do you have a safe deposit box?
44. Did you give any monetary gifts to relatives or friends?
45. Have you ever filed for bankruptcy? If so, when?
Please explain any other pertinent information:

Please remember to bring a copy of any notices received