Simpletax

Customer Registration Questionnaire

Personal Information

Taxpayer

Full Name		
Address		
SSN#	**DOB (MM/DD/YYYY)**	**Phone**
Email		**Occupation**

Filing Status ☐ Single ☐ Married Filing Jointly ☐ Married Filing Separately ☐ Head of Household ☐ Divorced ☐ Widowed

Check If Applicable ☐ Student ☐ Military ☐ Disabled

Spouse (If Applicable)

Full Name		
SSN#	**DOB (MM/DD/YYYY)**	**Phone**
Email	**Check If Applicable**	☐ Student ☐ Military ☐ Disabled

Dependents (If Applicable)

First And Last Name	SSN#	Date Of Birth	Relationship	Check If Applicable
				☐ Student ☐ Military ☐ Disabled
				☐ Student ☐ Military ☐ Disabled
				☐ Student ☐ Military ☐ Disabled
				☐ Student ☑ Military ☑ Disabled

Customer Profile

Check If Applicable	✓	Preferred Contact Method	✓
I have a mortgage	☐	Phone Call	☐
I am a business owner or self employed.	☐	Text Message	☐
I donate to non-profit organizations.	☐	Email	☐
I have investments (stocks, crypto, etc)	☐	Mail Box	☐
Do You Have Health Insurance?		**How Did You Hear About Us?**	
Yes, with us.	☐	Website	☐
Yes, at my job.	☐	Google	☐
No, I do not have insurance.	☐	A Friend	☐
I have Medicaid.	☐	Social Media	☐

Taxpayer _____ Spouse _____

Date _____ Date _____