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**INDIVIDUAL TAX QUESTIONNAIRE (1040)**

If we did not prepare your prior year tax returns, provide a copy of federal and state returns for the two previous years. Print and complete all applicable sections. All names should appear as recorded with the Social Security Administration.

	Taxpayer	Spouse
Social Security Number	_____	_____
Driver License Number	_____	_____
Driver License Issue Date	_____	_____
Driver License Expiration Date	_____	_____
First Name	_____	_____
Last Name	_____	_____
Occupation	_____	_____
Military Veteran	Yes No	Yes No
Legally blind	Yes No	Yes No
Dependent of another taxpayer	Yes No	Yes No
Date of birth	_____	_____
Daytime phone	_____	_____
Cell phone	_____	_____
May we text you?	Yes No	Yes No
<u>*If yes, cell phone carrier</u>	_____	_____

**For Administrative**

**Use Only**

Client Code

\_\_\_\_\_

Date Created

\_\_\_\_\_

Entered into:

\_\_\_\_\_ UT

\_\_\_\_\_ Monday

\_\_\_\_\_ Timeslips

Onvio Portal

Yes No

Home Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

County \_\_\_\_\_

NY /PA School District \_\_\_\_\_

Township \_\_\_\_\_

Taxpayer E-mail \_\_\_\_\_

Spouse e-mail \_\_\_\_\_

Preferred form of communication: \_\_\_\_\_

Primary contact \_\_\_\_\_

Referred by \_\_\_\_\_

*Dependents & other residents in your home*

<i>First Name</i>	<i>Last Name</i>	<i>Date of Birth</i>	<i>Social Security Number</i>	<i>Relationship</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you and/or spouse have a business?

Yes

No

If yes, business name(s) \_\_\_\_\_

Entity:      Sole Proprietor      Single Member LLC      Partnership      Corporation

If you are a business owner, did you receive a Paycheck Protection Program (PPP) loan?

Yes

No

If yes, did you apply for PPP loan forgiveness?

Yes

No

**Direct Deposit/Electronic Funds Withdrawal Information**

If you would like to have a refund deposited directly or a balance due debited directly into/from your bank account, please enter the following information:

Financial Institution \_\_\_\_\_ Type of Account (1 = Savings, 2 = Checking) \_\_\_\_\_

Routing Transit Number \_\_\_\_\_ Account number \_\_\_\_\_