DMP Management – New Individual Tax Client Questionnaire

	(For Office use): Client #				
So that we may better serve you, ple	ase take a few momen	ts to complete the	following form:		
Filing Status (please check): Single □	Married filing joint	ly □ Married fil	ing separately \square		
ŀ	Head of household \Box	Qualifying widov	v(er) □		
Legal Name:					
(Title) First Street Address:	Middle	Last	(Suffix)		
City / State / Zip Code:					
Primary Phone Number (Include area co	ode):				
Primary Mobile Number (Include area of	code):				
Primary Email Address:					
Date of Birth (MM/DD/YYYY):					
Social Security Number:					
Estimated Annual Income:					
Occupation(s):					
Driver's License/State ID#:					
Driver's License State:					
(If applicable) In care of	 Middle	Last			
If you would like your tax refund dep			ease provide the followin		
authorization information*:		, .	·		
☐ Checking Account ☐ Savings Acco	unt				
Account Holder Name:					
Bank Name:					
Account Number:					
Routing Number:					

Spouse's Name:		dle La	st	
Spouse's Date of Birth				
Spouse's Social Security Num	ber			
Spouse Occupation(s):				
Please complete the followin				
Dependent's First & Last Name	Date of Birth (MM/DD/YYYY)	Social Security Number	Relationship to You:	
	/ /			
	/ /			
	/ /			
	/ /			
	/ /			
previous state of residence:				
	luring the tax year you			
	any Retirement Accour			
■ Do you own a business?Yes □ No □				
	oroperty?			
	e tax year you are filing		digital asset (or a financial intere	
		·		
different tax year than 2020	or 2021, please skip the	e next two questions:	0 or 2021. If you are filing for a	
If so, we need a copy of your	d Tax Credit for the tax		Yes 🗆 No 🗆	
	onomic Stimulus for th	•	z?Yes □ No □	
If so, we need a copy of the				

Additional Notes/Information you would like to share:						
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*By providing my banking information, I authorize DMP Management, LLC to use direct deposit to the bank account indicated. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify DMP Management, LLC in writing of any changes in my account information or termination of this authorization prior to any transactions thereafter. If the payment issue date falls on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of any ACH transactions to/from my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Bank Account and will not dispute transactions so long as the transactions correspond to the terms indicated above.