

Max M. Wayman & Associates, Inc.
New Client Questionnaire, Page 2

Dependents	1	2
First Name and Initial		
Last Name		
Social Security Number		
Date of Birth		
Relationship		
Months Lived at Home		
Full-time Student? (yes or no)		
Claimed by? (Taxpayer or Spouse)		

Dependents (continued)	3	4
First Name and Initial		
Last Name		
Social Security Number		
Date of Birth		
Relationship		
Months Lived at Home		
Full-time Student? (yes or no)		
Claimed by? (Taxpayer or Spouse)		

Income Sources (check if applicable; T: taxpayer, S: spouse)

T	S	Wages
T	S	Rental Properties
T	S	Oil & Gas Royalties
T	S	Self-Employment
T	S	Partnerships
T	S	Other Businesses

List names of Self-Employment Businesses, Partnerships, or other Investments:

Additional information we should know about your situation, income, or tax return:

Please attach a copy of your most recently filed Federal Tax Return.