

Financial Questionnaire

Reference #	65c0bbae32e46
Status	Completed
Login Username	Christian TEST TEST Ha TEST TEST TEST
Login Email	management@clearstarttax.com
Last Name	tet
First Name	testetes
Marital Status	Married
Date Of Birth	2024-02-13
SSN#	543
Married Filing Status	Married Filing Jointly
Street Address	5345
City	ret
State	erte
Zip Code	54353
Rent Or Own (eg. share rent, live with relative, etc.)	rtretre
County Of Residence	tgg
Primary Phone Number	435435
2nd Contact Phone Number	435435
Driver License #	test
Do you have any dependents; EXCLUDING yourself and your spouse? (only include dependents that you claim on your tax returns)	have any dependents no
Married Filing Status	Married Filing Jointly
Spouse Information	
First Name	tet
Last Name	wt
Driver's License	wettrt

SSN#	455345435
Date Of Birth	2024-02-16
Client Employment Status	Wage Earner
Spouse Employment Information	
Spouse Employment Status	Self-Employed
Cash on Hand Amount	444.00
How Many Bank Accounts Do You Have	1
Bank 1	
	https://client.clearstarttax.com/public/upload/fq/605891707129774.jpg
Do You Have Any Investments? (Ex: stocks, bonds, mutual funds, IRA, 401 and all other investments/retirement accounts)	No
Can you take a loan against your 401k Account?	No
Do You Have Any Credit Cards?	No
Do You Have Life Insurance? (Life insurance policy with cash value - NOT TERM LIFE)	No
Do You Own Any Real Estate? (Any Real Estate/ Primary Residence/Rental Properties/ Lands Owned)	No
Do You Own A Motor Vehicle?	No
Do You Have Any Other Personal Assets: (recreational vehicles, boats, RV's, artwork, jewelry, collections, etc) NOTE: Do not include clothing, furniture and other personal effects.	No
Spouse Asset Information	
Spouse Cash on Hand Amount	654654.00
How Many Bank Accounts Spouse Have	1
Spouse Bank 1	
	https://client.clearstarttax.com/public/upload/fq/2815291707129774.jpg
Interest/Dividends	54.00
Net Self-Employed/Business Income	5.00
Net Rental Income	5.00
Distribution	5.00
Social Security Income	5.00
Alimony Income	5.00
Retirement Income/ Pension	5.00
Other Income	5.00
Spouse Wages	5.00
Spouse Social Security Income	6.00

Total House Hold Income	100.00
Food, Clothing & Misc	56.00
Rent/Mortgage	6.00
Utilities	66.00
Vehicles Ownership Costs	4.00
Vehicles Operating Costs	454.00
Public Transportation	55.00
Health Insurance	55.00
Out of Pocket Health Costs	5.00
Court Ordered Payments	5.00
Child Care	5.00
Life Insurance	5.00
Taxes (Income & FICA)	5.00
Other Secure Debts	5.00
Other Secure Debts	5.00
Total Household Expense	731.00
Are you the beneficiary of a trust, estate, or life insurance policy?	No
Are you currently in bankruptcy?	No
Have you been party to a lawsuit?	No
In the past 10 years, have you transferred any assets for less than their full value?	No
In the past 3 year, have you transferred any real property (land, house, etc.)?	No
Print Full Name	test
Date	2024-02-26
Signature	Christian TESTTESTHa TESTTESTTEST
Last Update	2024-02-05 10:42:54
Start Time	2024-02-05 10:42:54
Finish Time	2024-02-05 10:42:54
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