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2024 Tax Year Questionnaire

Your name: First Last Social Security Number Date of Birth Occupation

Spouse name: First Last (if different) Social Security Number Date of Birth Occupation

Dependents

Name: First Last (if different) Social Security Number Date of Birth Relationship

Name: First Last (if different) Social Security Number Date of Birth Relationship

Name: First Last (if different) Social Security Number Date of Birth Relationship

Name: First Last (if different) Social Security Number Date of Birth Relationship

Current address

Street Number and Name City State Zip Code

If you moved during 2024, indicate date here _____ and enter the old address:

Street Number and Name City State Zip Code

Your Residency status – circle one

- US Citizen Permanent resident (green card)
- Alien – check the visa type and indicate:
 - Work Student Guest Other (indicate) _____
 - how many days stayed in US in 2024 _____; 2023 _____; 2022 _____;

How we can contact you?

Home (____) _____

Fax (____) _____

Work (____) _____

E-mail _____

Cell (____) _____

Other _____

Who shall we thank for the referral? _____