2023 PERSONAL INFO QUESTIONNAIRE

* NEW CLIENTS PLEASE PROVIDE THE PREVIOUS YEAR TAX RETURN* *RETURNING CLIENTS NEED TO ONLY COMPLETE PAGE 2*



Name(s):

Filing Status: Please Circle:	
(Single, Married Filing Jointly, M	Married Filing Separately, Head of Household, Widowed)
Physical Address:	
D/O/B:	
Occupation:	
Driver's License # & State:	/
Date License Issued:	Date License Expires:
Phone Number:	Email Address:
Cell Phone:	Is Text Message A Communication Option? (Y/N)
Direct Deposit (EFT) Info If Refund Is	Anticipated: Checking or Savings (Please Circle)
Name Of Bank:	
Routing #:	Account #:
Health Insurance In 2023 (Y/N)	What Months Were You Covered:
Health Insurance In 2023 (Y/N)	What Months Were You Covered:
Health Insurance In 2023 (Y/N) Do you have health insurance through	What Months Were You Covered:
Health Insurance In 2023 (Y/N) Do you have health insurance through All Other Household Membe	What Months Were You Covered:
Health Insurance In 2023 (Y/N) Do you have health insurance through All Other Household Membe Name:	What Months Were You Covered:
Health Insurance In 2023 (Y/N) Do you have health insurance through All Other Household Membe Name: SS#:	What Months Were You Covered:
Health Insurance In 2023 (Y/N) Do you have health insurance through All Other Household Membe Name: SS#: Occupation:	What Months Were You Covered: VT Health Connect or Healthcare.gov? (1095A) ers: D/O/B: Relationship: Dependent (Y/N): Driver's License # & State:/
Health Insurance In 2023 (Y/N) Do you have health insurance through All Other Household Membe Name: SS#: Occupation: Date License Issued:	What Months Were You Covered:
Health Insurance In 2023 (Y/N) Do you have health insurance through All Other Household Membe Name: SS#: Occupation: Date License Issued: Health Insurance In 2023 (Y/N)	What Months Were You Covered:
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Health Insurance In 2023 (Y/N) Do you have health insurance through All Other Household Membe Name: SS#: Occupation: Date License Issued: Health Insurance In 2023 (Y/N) Name:	What Months Were You Covered:

Add additional members if applicable on additional page.

2023 TAX FACT SHEET



Name(s) on the Tax Return:

Did your address (physical or mailing) change in 2023?
If so, what is your new address?
Were you married or divorced in 2023?
Do you need to add or remove child(ren) to your return?
Did anyone live with you in 2023, who isn't on your tax return?
If a VERMONT Homeowner - did you include your property tax bill to file your Homestead?
Did you or your spouse renew your driver's license in 2023: Please Provide Number, Issue Date, and
Expiration Date:
Did everyone on the tax return have health insurance all year long?
Please Confirm Direct Deposit Information: Checking or Savings (Circle)
Routing #: Acct.#:
Can we email or text you tax questions or feedback?
Can we provide you with an electronic copy of your tax return (in lieu of a paper copy)?
Did your phone number change?
Did your email change?
Did you purchase a home in 2023?
Did you sell a home in 2023?
Did you receive, sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital
asset) or cryptocurrency?
Did you purchase any items online or in NH that would require Vermont Use tax? (Yes/No)
If so, what was the dollar amount of NH purchases:
Any energy improvement upgrades in 2023? If so, please provide supporting documents.
Did you start or end a business in 2023?
Any additional information you think we should know about this year's return:

THE ROCKWOOD INSURANCE & TAXATION AGENCY, LLC

PHONE: (800) 691-7341 OR (802) 230-4100

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