ECG Questionnaire

1. What was your refund amount last year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Do you have health insurance? (Circle) Yes No

3. Do you have a need for credit repair? Yes No

 4. Do you have a bank account? Yes No

5. Would you like to add our $10,000 audit protection for only $59.99? Yes No

6. Do you plan on buying a car with your refund? Yes No

7. Do you plan on buying/renting a home with your refund? Yes No

8. Did you know your tax refund will be penalized if you do not have health care? Yes No

9. Would you like to see if you qualify for free health care? Yes No

10. Are you looking for a job or do you know anyone who needs a job? Yes No

Please name 5 Referrals:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

