



New Client Information Sheet

Primary Taxpayer Information

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Social Security Number: _____

Occupation: _____ Best Contact Number (Please Circle One): *Home Work Cell*

Home Phone # () _____ Work Phone # () _____

Cell Phone # () _____ Fax # () _____

Email: _____ @ _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Secondary Taxpayer Information

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Social Security Number: _____

Occupation: _____ Best Contact Number (Please Circle One): *Home Work Cell*

Home Phone # () _____ Work Phone # () _____

Cell Phone # () _____ Fax # () _____

Email: _____ @ _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Referred By: _____

Filing Status: Single Married-Joint Married-Separate Head of Household Qualifying Widow

Bank Information for Direct Deposit:

Name of Financial Institution: _____ Checking or Savings
(Please Circle One)

Routing Number: _____ Account Number: _____

If this is your first time to our office, please bring a copy of your prior year's tax return.

Dependent Information - (Names MUST be listed as they appear on Social Security Card)

1.

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Social Security Number: _____

Relationship: _____ Disabled/Student: _____

Can you claim every year? _____ If no, odd or even years? _____ Signed Form 8332? _____

2.

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Social Security Number: _____

Relationship: _____ Disabled/Student: _____

Can you claim every year? _____ If no, odd or even years? _____ Signed Form 8332? _____

3.

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Social Security Number: _____

Relationship: _____ Disabled/Student: _____

Can you claim every year? _____ If no, odd or even years? _____ Signed Form 8332? _____

4.

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Social Security Number: _____

Relationship: _____ Disabled/Student: _____

Can you claim every year? _____ If no, odd or even years? _____ Signed Form 8332? _____

Office Use Only

Services to be provided by firm: _____

Fees discussed and agreed upon: _____