



NEW CLIENT INFORMATION FORM – INDIVIDUAL

Taxpayer (Full Legal Name): _____ DOB: _____

Spouse (Full Legal Name): _____ DOB: _____

Taxpayer Social Sec #: _____ Spouse Social Sec #: _____

Taxpayer Profession: _____ Spouse Profession: _____

Home Address (Street, City, State, Zip)

Mailing Address (if different)

Home Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Full Names of Children to be Included (Including mm/dd/yyyy of Birth and SSN)

Filing Status (Check One) Single _____ MFJ _____ MFS _____ Head of Household _____

States in which you are filing returns: _____

How were you referred to us? _____

