



New Client Information Sheet

Primary Taxpayer Information

First Name: _____ Middle: _____ Last: _____

Date of Birth: ___/___/___ Social Security Number: ___/___/___

Occupation _____ Best Contact Number# *Home Work Cell* Please circle one

Home Phone#: (____) _____-_____ Cell Phone#: (____) _____-_____

Work Phone#: (____) _____-_____ Fax #: (____) _____-_____

Email: _____@_____.

Street Address: _____

City: _____ County/City of: _____ State: _____ Zip _____

Attorney/Estate Planner _____ Financial Planner _____

Referred By: _____

Secondary Taxpayer Information

First Name: _____ Middle: _____ Last: _____

Date of Birth: ___/___/___ Social Security Number: ___/___/___

Occupation _____ Best Contact Number# *Home Work Cell* Please circle one

Home Phone#: (____) _____-_____ Cell Phone#: (____) _____-_____

Work Phone#: (____) _____-_____ Fax #: (____) _____-_____

Email: _____@_____.

Street Address: _____

City: _____ County/City of: _____ State: _____ Zip _____

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

Bank Information For Direct Deposit:

Name of Financial Institution: _____

Checking or Savings

Routing Number _____ Account Number _____

If this is your first time to our office please bring prior year's tax return, thank you.

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

1.

First Name: _____ Middle: _____ Last: _____

Date of Birth: ___/___/___ Social Security Number: ___/___/___ Disabled/Student: _____

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

2.

First Name: _____ Middle: _____ Last: _____

Date of Birth: ___/___/___ Social Security Number: ___/___/___ Disabled/Student: _____

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

3.

First Name: _____ Middle: _____ Last: _____

Date of Birth: ___/___/___ Social Security Number: ___/___/___ Disabled/Student: _____

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

4.

First Name: _____ Middle: _____ Last: _____

Date of Birth: ___/___/___ Social Security Number: ___/___/___ Disabled/Student: _____

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