



New Tax Client Information Sheet

Date _____
 Client Name _____
 Home Phone _____
 Address _____
 City/Zip _____
 Filing Status _____
 Name _____

Taxpayer

SS# _____
 Date of Birth _____
 Occupation _____
 Cell Phone _____
 Email Address _____

Spouse Name

SS# _____
 Date of Birth _____
 Occupation _____
 Cell Phone _____
 Email Address _____

Dependent 1 Name

SS# _____
 Date of Birth _____
 Full Time Student _____

Dependent 2 Name

SS# _____
 Date of Birth _____
 Full Time Student _____

Dependent 3 Name

SS# _____
 Date of Birth _____
 Full Time Student _____

Dependent 4 Name

SS# _____
 Date of Birth _____
 Full Time Student _____

Direct Deposit? (No Charge) _____

Note: All tax returns will be electronically filed

Note: Completed client copy will be sent via secure email