



NEW CLIENT INFORMATION SHEET

Please fill out this form and return it to the front desk with your government-issued ID.

Client Information

Primary Taxpayer SSN: _____ - _____ - _____

Marital Status: Married Single Widow/er

First & Last Name: _____

Birth date: _____ / _____ / _____
Month Day Year

Occupation: _____

Daytime Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____

Evening Phone: _____ - _____ - _____

Email: _____

Home Address: _____
House number & Street City State Zipcode

Spouse SSN: _____ - _____ - _____

Deceased within the last 12 months _____ / _____ / _____
Month Day Year

Spouse First & Last Name: _____

Birth date: _____ / _____ / _____
Month Day Year

Occupation: _____

Cell Phone: _____ - _____ - _____

Email: _____

Are you active duty military or a reservist? Yes No

Dependents *If your dependent is not the biological child of at least one of the taxpayers, please indicate the legal relationship next to their name.

First & Last Name	SSN	Male/Female	Date of Birth
_____	_____ - _____ - _____	M / F	_____ / _____ / _____
_____	_____ - _____ - _____	M / F	_____ / _____ / _____
_____	_____ - _____ - _____	M / F	_____ / _____ / _____
_____	_____ - _____ - _____	M / F	_____ / _____ / _____
_____	_____ - _____ - _____	M / F	_____ / _____ / _____

Direct Deposit: This information is used only for the delivery of government refunds and stimulus payments.

Checking Savings

Bank name

Bank routing number

Bank account number

Please continue on the other side



