

NEW CLIENT INFORMATION FORM

Date Submitted: _____

Account # _____

PRIMARY TAXPAYER INFORMATION

Taxpayer SSN # _____	DOB _____
Taxpayer Name _____	Email Address _____
Business Phone # _____	Fax # _____
Mobile Phone # _____	Home # _____
Address _____	
City _____	State _____ Zip _____
Taxpayer Occupation _____	Taxpayer Employer _____
Referred By _____	

SPOUSE INFORMATION

Spouse SSN # _____	DOB _____
Spouse Name _____	Email Address _____
Business Phone # _____	Fax # _____
Mobile Phone # _____	Home # _____
Spouse's Occupation _____	Spouse's Employer _____

DEPENDANT INFORMATION

Child Name _____	DOB _____	SS# _____	Relationship _____
Child Name _____	DOB _____	SS# _____	Relationship _____
Child Name _____	DOB _____	SS# _____	Relationship _____
Child Name _____	DOB _____	SS# _____	Relationship _____
Child Name _____	DOB _____	SS# _____	Relationship _____
Child Name _____	DOB _____	SS# _____	Relationship _____

Other Notes:
