

# NEW CLIENT INFORMATION SHEET

Please be sure that Name entered will match your Social Security Card

**\* Required**

Please write legibly. Information written here will be entered on your tax return, pls. be sure all entered information is valid.

**\*Taxpayer's Name:** \_\_\_\_\_ **SS #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**\*Date of Birth:** (MM/DD/YYYY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**\*Spouse's Name:** \_\_\_\_\_ **SS #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**\*Date of Birth:** (MM/DD/YYYY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Job Title:** \_\_\_\_\_,

**Home Phone:** (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

**Taxpayer's / Spouse's Work Phone:** (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

**Taxpayer's / Spouse's Cell Phone:** (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

**\* Current Home Address:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ @ \_\_\_\_\_

**\*Filing Status:** (Circle One)

Single    Married Filing Joint    Married Filing Separate    Head of Household    Widower

**(Name(s) must match Social Security Card)**

Dependents/Non-Dependents					
* First Name	*Middle Name	*Last Name	*Date of Birth	*Social Security #	*Relation

**Referred By:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**How did you hear about us?** (Circle)    Friend    Family    Co-Worker    Internet    Ads    Other

# \_\_\_\_\_