

**New Client Information Sheet – Individuals**

**Taxpayer:**

Name: First \_\_\_\_\_ M.I. \_\_\_ Last \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Spouse:**

Name: First \_\_\_\_\_ M.I. \_\_\_ Last \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Dependents:**

Name: First \_\_\_\_\_ M.I. \_\_\_ Last \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Name: First \_\_\_\_\_ M.I. \_\_\_ Last \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Name: First \_\_\_\_\_ M.I. \_\_\_ Last \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Name: First \_\_\_\_\_ M.I. \_\_\_ Last \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

**Services of Interest:**

Income Tax Return Preparation

Income Tax Planning

Estate Planning

Retirement Planning

Other \_\_\_\_\_

**Referred By:** \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

- Copy of prior year income tax return
- Copy of drivers license for BOTH taxpayer and spouse