

Client Information:			
First Name:		Last Name:	
Preferred Name:			
Preferred Contact Method (cir	cle one):	Phone Call, Text, Email,	Mail
Telephone:			
Mobile:	Office:	Home:	
Email Address:			
Mailing Address:			
Birthdate:		Social Security Number:	
Spouse Information:			
First Name:		Last Name:	
Preferred Name:			
Preferred Contact Method (circle one): Phone Call, Text, Email, Mail			
Telephone:			
Mobile:	Office:	Home:	
Email Address:			
Mailing Address:			
Birthdate:		Social Security Number	r:
Dependent Information:			
First Name:		Last Name:	
Relationship to taxpayer:		Birthdate:	Social Security Number:
Dependent Information:			
First Name:		Last Name:	
Relationship to taxpayer:		Birthdate:	Social Security Number:
For additional dependents, please incl	ude on ar	n additional sheet	
Signature:			Date:

LH Tax and Accounting, PC 525 N 2150 W, West Point, Utah 84015 385-355-5601 (Call or Text) Liz@LHTaxandAccounting.Com