

ZR Hopkins Incorporated New Client Set Up Form

Tax Year(s) _____ Date _____

How did you hear about us? _____

Identification and Contact Information

Name (Primary Tax Payer) _____

SSN _____ Birth Date _____ Occupation _____

Name (Spouse) _____

SSN _____ Birth Date _____ Occupation _____

Address _____

City _____ State _____ Zip Code _____ County _____

Contact # _____ Email Address _____

Spouse # _____ Spouse Email _____

Filing Status

____ Single ____ Married Filing Joint ____ Married Filing Separate ____ Qualifying Widow ____ Head of HH

Dependents Information

List dependents with Name, Social Security Number, Birth Date, and Relationship

1. _____

2. _____

3. _____

Childcare Provider _____

Address _____

Business Information

Do you own a business? Yes / No Business Name _____

Total Income: _____ Total Expenses: _____

Spouse Contact Information If Different Than Primary Tax Payer

Spouse Address _____

City _____ State _____ Zip Code _____ County _____