

# New Client Information Sheet

Please email back to [contact@amostax.com](mailto:contact@amostax.com)



## Taxpayer

<b>Name:</b>	<b>First</b>	<b>M.I.</b>	<b>Last</b>	<b>Phone:</b>
<b>Email:</b>				<b>Phone2(optional):</b>
<b>Physical Address:</b>	<b>Street address</b>			
<b>City</b>		<b>State</b>		<b>Zip</b>

## Spouse

<b>Name:</b>	<b>First</b>	<b>M.I.</b>	<b>Last</b>	<b>Phone:</b>
<b>Email:</b>				<b>Phone2(optional):</b>
<b>Physical Address:</b>	<b>Street address</b>			
<b>City</b>		<b>State</b>		<b>Zip</b>

If different than physical

<b>Mailing Address:</b>	<b>Street address</b>			
<b>City</b>		<b>State</b>		<b>Zip</b>