

## 401 Highway 74 North Peachtree City, Georgia 30269

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## **TAX YEAR 2024**

## **New Client Contact Information Worksheet**

Please use this worksheet to give us basic contact information for preparation of your tax returns. You do not need to complete this each year; only complete if you are new to Peachtree (welcome and yay!) or if there are changes. In addition, you do not need to provide information if we can find it elsewhere such as SSNs or banking information. Your date of birth is not printed on a Federal income tax return.

Legal NameOccupation	Taxpayer		
Cell Phone	Legal Name	Occupation	
trimary Email:	Social Security Number	Date of Birth	
portion of the state of the sta	Cell Phone	Work Phone	
Driver's License Number*	Primary Email:		
pouse  legal Name	Secondary Email:		
legal NameOccupation locial Security Number Date of Birth locial Security Number Date of Birth  locial Security Number Date of Birth  Work Phone  lecondary Email:  lecondary Email:  Driver's License Number* Issuing State  Date Issued Expiration Date	Driver's License Number*	Issuing State	
Date of Birth   Date of Birt	Date Issued	Expiration Date	
Date of Birth  Cell Phone	Spouse		
Cell Phone Work Phone Primary Email:	Legal Name	Occupation	
Primary Email:	Social Security Number	Date of Birth	
Driver's License Number* Issuing State Date Issued Expiration Date  Address For IRS Mailings Physical Address (if Different)  WE WILL NEED ANY/ALL DEPENDENT NAMES, SSN'S AND DOB'S	Cell Phone	Work Phone	
Driver's License Number* Issuing State Date Issued Expiration Date  Address For IRS Mailings Physical Address (if Different)  WE WILL NEED ANY/ALL DEPENDENT NAMES, SSN'S AND DOB'S	Primary Email:		
Date Issued Expiration Date  Address For IRS Mailings  Physical Address (if Different)  WE WILL NEED ANY/ALL DEPENDENT NAMES, SSN'S AND DOB's	Secondary Email:		
Address For IRS Mailings Physical Address (if Different)  WE WILL NEED ANY/ALL DEPENDENT NAMES, SSN'S AND DOB's	Driver's License Number*	Issuing State	
Physical Address (if Different)  WE WILL NEED ANY/ALL DEPENDENT NAMES, SSN'S AND DOB's	Date Issued	Expiration Date	
WE WILL NEED ANY/ALL DEPENDENT NAMES, SSN'S AND DOB's	Address For IRS Mailings		
	Physical Address (if Different)		
Banking ( OR PROVIDE A VOIDED CHECK) Name of Bank	WE WILL NEED ANY/A	LL DEPENDENT NAMES, SSN'S A	AND DOB's
Account Type			
Routing Number Account Number			

\*Driver's License information is needed by the IRS and most States to reduce identity theft and the amount of fraudulent tax returns being filed.