



**Patterson & Associates, PLLC**  
**CERTIFIED PUBLIC ACCOUNTANTS**

American Institute of CPAs  
NC Association of CPAs

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**New Client Information Form**

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Client Name

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Address

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Contact Name / Home or Business Phone

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Taxpayer

Work

Mobile

Email

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Spouse

Work

Mobile

Email

Dependents:

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Name

Date of birth

DL #

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Taxpayer

Spouse

Exp Date

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Taxpayer

Spouse

Notes:

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