

New Client Information

Individual Client

Date: \_\_\_\_\_

Taxpayer Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Taxpayer's Email: \_\_\_\_\_

Spouse's Email: \_\_\_\_\_

Taxpayer Phone Number: \_\_\_\_\_

Spouse's Phone Number: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything we need to know to help you? \_\_\_\_\_