



Date _____

NEW CLIENT QUESTIONNAIRE

Name: _____ Social Security # _____

Date of Birth: _____

Spouse's Name: _____ Social Security # _____

Date of Birth: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Cell: _____ (Spouse) _____

Email: _____ Email: (Spouse) _____

Occupation: _____ Office # _____

Spouse's Occupation: _____ Office # _____

No. of Dependents: _____

Dependent Information

Name	DOB	Soc. Security #	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Please List Additional Dependents on Separate Sheet)

Referred By: _____

I/We, _____, taxpayer(s), acknowledge that all information provided here for the preparation and completion of my Federal and State taxes is complete and accurate to the best of my knowledge. I/We also understand & agree that a 50% deposit is due when work is accepted and that payment in full is due when work is completed.

I/We have read all the information furnished and agree to all terms and conditions.

Taxpayer's Signature

Social Security #

Spouse's Signature

Social Security #