

Taxpayer Name: _____ SSN: _____ Birthday: _____

Spouse Name: _____ SSN: _____ Birthday: _____

Taxpayer Occupation: _____ Spouse Occupation: _____

Mailing Address: _____

Contact Info - Circle either Taxpayer or Spouse to indicate who our primary contact is.

Taxpayer: Cell _____ Email _____

Spouse: Cell _____ Email _____

Home Number: _____

Filing Status-Circle one: Married Filing Jointly / Married Filing Separately / Single / Head of Household

Business Name(s) (if applicable): _____

How did you hear about us? _____

Dependents: Name: _____ SSN: _____ DOB: _____

Notes:

For office use only:

Projects: _____

Tax Form(s): _____ Bookkeeping (how often?): _____

Payroll Reports: _____ 1099s: _____

Client Number: _____ Projects Added: _____ Scanned by: _____

Partner: _____ Manager: _____ Scanned: _____