

Welcome to BPW Accounting

Client Information Sheet

Personal Information:

Name	Soc Sec No.	Date of Birth	Occupation	Phone Number
Taxpayer:				
Spouse:				

Street Address:	City	State	Zip
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Do you RENT or OWN your home? _____

Email Address:

Dependents: (Children & Other)

Name (First & Last)	Relationship	Date of Birth	Soc Sec No	Months Lived With You	Disabled	Full Time Student

Please provide last year's tax return (new clients only)

All statements including but not limited to W-2s, 1098s, 1099s, etc.

Taxpayer Signature: _____ Date: _____

Spouse Signature: _____ Date: _____