

# Nelson & Pickens, L.C.

Certified Public Accountants

Please complete the information below. Also, please sign the engagement letter.

Tax returns for new clients are not released until paid in full.

## CLIENT INFORMATION:

Date:

Name:

Spouse Name:

Occupation:

Spouse Occupation:

Address:

City:

State:

Zip:

\*E Mail:

Telephone (preferred):

SSN:

Spouse SSN:

DOB:

Spouse DOB:

Marital Status: S M D W

Dependents:

Name

DOB

SSN

\*Important, please provide  
Who referred you to us?



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