



## Individual New Client Intake Form

Welcome! We are glad you are here and are looking forward to working with you. Our goal is to provide you with the greatest after-tax cash flow within the confines of the tax law. **Please note charges may be incurred for any services provided, including consultations. If you have questions regarding our fee structure, please don't hesitate to ask.** We are happy to explain. Thank you for the opportunity to partner with you in your financial success. We look forward to working with you.

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

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

Social Security No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Cell No. \_\_\_\_\_ Text: Y / N

Cell No. \_\_\_\_\_ Text: Y/N

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Who should we contact:  Taxpayer  Spouse or  Both

**Please provide us with a copy of the Taxpayer and Spouse's drivers license.**

Banking Information for E-file: Account Type: Checking / Savings (**attach VOIDED check**)

Bank Name: \_\_\_\_\_ Routing No. \_\_\_\_\_ Acct. No. \_\_\_\_\_

### CHILDREN AND OTHER DEPENDENTS

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

Social Security No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_

Dependent

Lives with You

Child of Divorce

Full Time Student

Education Credit

Multiple Support

Files Own Return

Disabled

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

Social Security No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_

Dependent

Lives with You

Child of Divorce

Full Time Student

Education Credit

Multiple Support

Files Own Return

Disabled

**The best way for us to become familiar with your tax situation is to review your most recently filed tax return. Please provide us with a copy of your last tax returns.**

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