



The Walls GroupTM

Certified Public Accountants

NEW CLIENT INFORMATION SHEET-

Client Information	
Taxpayer's Full Name	
Taxpayer's Social Security Number	
Taxpayer's Date of Birth	
Taxpayer's Occupation	
Spouse's Full Name	
Spouse's Social Security Number	
Spouse's Date of Birth	
Spouse's Occupation	
Filing Status	<input type="radio"/> SINGLE <input type="radio"/> MFJ <input type="radio"/> MFS <input type="radio"/> HOH <input type="radio"/> QUALIFYING WIDOW(ER)
Home Phone Number	
Cell Phone Number	
Email Address	
Address	
City, State, Zip Code	
Direct Deposit	<input type="radio"/> YES <input type="radio"/> NO
Name of Financial Institution	
Routing Number	
Account Number	
How did you hear about us?	
Dependent Information	
Dependent's Full Name	
Dependent's Social Security Number	
Dependent's Date of Birth	
Relationship to Dependent	
Dependent's Full Name	
Dependent's Social Security Number	
Dependent's Date of Birth	
Relationship to Dependent	

PLEASE ENTER ADDITIONAL INFORMATION ON BACK ...

