

NORTH EAST ACCOUNTING AND TAX SERVICE, INC.

CLIENT INFORMATION SHEET

CLIENT ID#

<i>SELF</i>	<i>SPOUSE</i>
Name:	Name:
Address:	SSN:
City, State, Zip:	Date of Birth:
Home Phone:	Cell Phone
Cell Phone:	Occupation:
Work Phone:	Employer Name:
SSN:	
Date of Birth:	
Occupation:	
Employer Name:	
MARITAL Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) Date of Death _____	FILING Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Widow(er) Date of Death _____ <input type="checkbox"/> Head of Household (single w/Dependent)

Are you receiving Social Security benefits? Yes ☐ No ☐ If yes, beginning date _____

Are you receiving retirement benefits? Yes ☐ No ☐ If yes, beginning date _____

Dependents Name	SSN	Date of Birth	Relationship

First-Time Client? If YES, provide Referral Name: _____

DATE _____

REV. 03/19/2019

NORTH EAST ACCOUNTING AND TAX SERVICE, INC.