

# NEW CLIENT DROP OFF FORM

DATE RECEIVED:

\_\_\_\_\_

NAME

\_\_\_\_\_ SSN \_\_\_\_\_ D.O.B. \_\_\_\_\_

SPOUSE

\_\_\_\_\_ SSN \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS

\_\_\_\_\_

CITY

\_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE #'S

F: \_\_\_\_\_ S: \_\_\_\_\_

EMAIL

F: \_\_\_\_\_ S: \_\_\_\_\_

CAN YOU BE CLAIMED AS A DEPENDENT ON SOMEONE ELSE'S RETURN? Y/N \_\_\_\_\_

DEPENDENTS NAME	DATE OF BIRTH	SOCIAL SEC #	RELATIONSHIP
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____

DIRECT DEPOSIT? Y/N \_\_\_\_\_

BANK NAME

\_\_\_\_\_

ROUTING #

\_\_\_\_\_

ACCOUNT #

\_\_\_\_\_

NAME ON ACCOUNT:

\_\_\_\_\_

*\*PLEASE BRING A COPY OF LAST YEARS TAX RETURN, A COPY OF CURRENT DRIVERS LICENSE , AND SOCIAL SECURITY CARDS.\**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_