



NEW CLIENT INFORMATION FORM
Individual

How did you hear about us?

Date _____

_____ Google

_____ Other, Where? _____

_____ Friend, Who? _____

Taxpayer

Spouse

Name: _____

Name: _____

SSN: _____

SSN: _____

Date of Birth: _____

Date of Birth: _____

Occupation: _____

Occupation: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

Address: _____

Primary Contact? _____

What is the best time to reach you if we have questions? _____

Preferred Contact Method? Phone Text Email

Are you current with filing your tax returns? YES___ NO___

If NO what was the last year you filed your tax returns? _____

Are you receiving IRS or State Notices? YES___ NO___

Do you have any Dependents? YES___ NO___

Dependent's Name

Social Security Number

Birthdate
