**New Client Checklist**

1A) Taxpayer Name: 1B) Spouse’s Name

2) Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) Taxpayer SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2B) Spouse’s SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4A) Taxpayer DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4B) Spouse’s DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5) Phone numbers: Taxpayer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6) Email addresses: Taxpayer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7) Driver’s Licenses:

 Number Issue State Issue Date Expiration Date

Taxpayer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8) Filing Status: **Single☐ MFJ☐ MFS☐ HOH☐**

9) Any dependents?

 **Name SSN DOB Relationship Residence**

10) Refund or EFT payment information:

 Bank Name:­­­­­­­­ Account Name:

Routing #: Account #:

Please call or email any questions you may have. As a matter of convenience, this questionnaire can be completed prior to your appointment. It can also be printed and brought in with your appointment or emailed separately. Make it as convenient as possible.

I look forward to helping you with your tax filing needs.

**Marie Harrington, CPA, Owner**

**Integrity Tax Services**