



NEW CLIENT INFORMATION - PLEASE PRINT CLEARLY

Date: \_\_\_\_\_ Tax Preparer: \_\_\_\_\_

**Taxpayer:** \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security \_\_\_\_/\_\_\_\_/\_\_\_\_

Email \_\_\_\_\_

Cell # (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Spouse:** \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security \_\_\_\_/\_\_\_\_/\_\_\_\_

Email \_\_\_\_\_

Cell # (\_\_\_\_) \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_

**Dependent Information:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security \_\_\_\_/\_\_\_\_/\_\_\_\_

*(Please be specific with the following referral information. Thank you!)*

Referred by: \_\_\_\_\_ Relationship/Source: \_\_\_\_\_

Amount Quoted: \$ \_\_\_\_\_