NEW CLIENT INFORMATION

Please complete the below for our records.

ABOUT YOU

Taxpayer

first _____ *last* _____

SS# ___ - ___ - ____ *occupation* _____

DOB __ / __ / ____ *title* _____

street _____

city _____ *state* ____ *zip* _____

Spouse

first _____ *last* _____

SS# ___ - ___ - ____ *occupation* _____

DOB __ / __ / ____ *title* _____

GETTING IN TOUCH

cell ___ - ___ - ____ *home* ___ - ___ - ____

email _____

Preferences

method of contact ☐ *phone* ☐ *text* ☐ *email*

appointment type ○ *in-person* ○ *virtual* ○ *email*

SELECT ONE

NEW CLIENT INFORMATION CONTINUED

Please complete the below for our records.

DEPENDENTS

Dependent

first ______ last ______
SS# ___ - ___ - ___ occupation ______
DOB ___ / ___ / ___ title ______

Dependent

first ______ last ______
SS# ___ - ___ - ___ occupation ______
DOB ___ / ___ / ___ title ______

Dependent

first ______ last ______
SS# ___ - ___ - ___ occupation ______
DOB ___ / ___ / ___ title ______

Dependent

first ______ last ______
SS# ___ - ___ - ___ occupation ______
DOB ___ / ___ / ___ title ______

Dependent

first ______ last ______
SS# ___ - ___ - ___ occupation ______
DOB ___ / ___ / ___ title ______