

CLIENT INFORMATION FORM

Taxpayer Legal Name: _____ SS # _____
Occupation: _____ DOB _____

Spouse Legal Name: _____ SS # _____
Occupation: _____ DOB _____

Taxpayer's Address: _____
(Street)

(City, State ZIP)

Contact Info: (please circle preferred method and contact person)

	Taxpayer	Spouse
Cell	_____	_____
Home	_____	_____
Office	_____	_____
Fax	_____	_____
Email:	_____	_____

Is it okay for us to e-mail you tax information?
Yes / No

Dependents:

Dependent #1:	_____	Relationship:	_____
SS #	_____	DOB:	_____
Dependent #2:	_____	Relationship:	_____
SS #	_____	DOB:	_____
Dependent #3:	_____	Relationship:	_____
SS #	_____	DOB:	_____
Dependent #4:	_____	Relationship:	_____
SS #	_____	DOB:	_____

Who may we thank for your referral?

Referred by: _____