

NewtonCPA, PLLC

9355 Founders Street Fort Mill, SC 29708

803-810-0824

Individual Client Questionnaire

Personal & Spouse Information:

Taxpayer:

Spouse:

Full Name: _____

Full Name: _____

DOB: _____ SS#: _____

DOB _____ SS#: _____

Email: _____

Email: _____

Mobile: _____

Mobile: _____

Work #: _____

Work #: _____

Occupation: _____

Occupation: _____

Home Number: _____

Home Address: _____

Dependent's Names	Dependent's DOB's	Dependent's SSN(s)

Unless otherwise discussed please provide the last 2 years of tax returns.