

NEW CLIENT INFORMATION ORGANIZER

Name (Last, First, MI)

Date of Birth

Social Security #

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_

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

Spouse (Last, First, MI)

Date of Birth

Social Security #

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_

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

Phone Numbers

Description

\_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Bank information for the account you would like to receive refunds in:

\*Please provide a **voided check** to confirm, or in place of the following information)

Bank Name: \_\_\_\_\_

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Dependents:

Name (Last, First, MI)

Date of Birth

Social

Relationship

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_

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\*If you have claimed energy efficient windows or other residential energy property on prior returns (Forms 5695) please provide copies for each year filed.

Initials \_\_\_\_\_