



NEW CLIENT INFORMATION REQUEST

Client# _____ (Stotler & Young Use Only)

CPA _____

DATE: _____

APPOINTMENT DATE: _____

TAXPAYER LAST NAME: _____

MAILING ADDRESS (Include city, state, zip): _____

TELEPHONE: (H) _____ (C) _____ (W) _____

TAXPAYER

SPOUSE

FIRST NAME: _____

MIDDLE INITIAL: _____

LAST NAME: _____

DATE OF BIRTH: ____/____/____

____/____/____

SS# _____-____-____

____-____-____

EMAIL ADDRESS: _____

DEPENDENT

DEPENDENT

DEPENDENT

FIRST NAME: _____

MIDDLE INITIAL: _____

LAST NAME: _____

DATE OF BIRTH: ____/____/____

____/____/____

____/____/____

SS# _____-____-____

____-____-____

____-____-____

NOTES: