

Client # _____
CPA _____

NEW CLIENT INFORMATION

DATE: _____

APPOINTMENT DATE: _____

TAXPAYER LAST NAME: _____

MAILING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: (H) _____ (C) _____ (W) _____

TAXPAYER

SPOUSE

FIRST NAME: _____

MIDDLE INITIAL: _____

SPOUSE LAST NAME (if different than taxpayer):

DATE OF BIRTH: ____/____/____

____/____/____

SSN#: ____-____-____

____-____-____

EMAIL ADDRESS: _____

DL#: _____ ST: _____

DL#: _____ ST: _____

EX: ____/____/____ ISSUANCE: ____/____/____

EX: ____/____/____ ISSUANCE: ____/____/____

DEPENDENT

DEPENDENT

DEPENDENT

FIRST NAME: _____

MIDDLE INITIAL: _____

LAST NAME: _____

DATE OF BIRTH: ____/____/____

____/____/____

____/____/____

SSN#: ____-____-____

____-____-____

____-____-____

NOTES: