

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: _____ Routing # _____ Account # _____

Dependents:

Name (Last, First, MI)

Date of Birth

Social

Relationship

____-____-____

____-____-____

____-____-____

____-____-____

*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 _____

*Do we have a copy of your prior year return (minimum 1 year)? _____