

NEW CLIENT INFORMATION ORGANIZER

Name (Last, First, MI)

Social Security #

Date of Birth

____-____-____

Occupation: _____

Spouse (Last, First, MI)

Social Security #

Date of Birth

____-____-____

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 # _____

Is the above account a checking or savings account? _____

Dependents:

Name (Last, First, MI)

Date of Birth

Social

Relationship

____-____-____

____-____-____

____-____-____

____-____-____

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

**We need to copy your driver's license(s). Please bring them with you at dropoff.