

CLIENT INFORMATION SHEET

PLEASE PRINT

TODAYS DATE: _____

DOB: _____

LAST NAME: _____ FIRST NAME: _____

HOME ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS): _____

CITY: _____ STATE: _____ ZIP: _____

BEST CONTACT NUMBER: _____

EMAIL: _____

IF FILING JOINTLY, FILL OUT THE FOLLOWING WITH YOUR SPOUSE'S INFO

DOB: _____

LAST NAME: _____ FIRST NAME: _____

BEST CONTACT NUMBER: _____

EMAIL: _____

FILING STATUS

☐ SINGLE (NO DEPENDENTS)

☐ HEAD OF HOUSEHOLD

☐ MARRIED FILING SEPARATE

☐ MARRIED FILING JOINT

NUMBER OF DEPENDENTS CLAIMING? _____

HAS NUMBER CHANGED? _____

ALL PAYMENTS ARE REQUIRED BEFORE TAXES ARE SUBMITTED.

WHAT WILL YOUR METHOD OF PAYMENT BE?

☐ CASH/ CHECK

☐ CREDIT/DEBIT

☐ ERC—3RD PARTY FEES APPLY

ARE YOU A NEW CLIENT? _____

HOW DID YOU FIND US? _____

IF REFERRED, WHO REFERRED YOU? _____

REFERRAL'S PHONE NUMBER? _____