

Client Information	Taxpayer	Spouse
Full Name (first, middle, last)		
Social Security Number		
Date of Birth		
Address		
City, State, Zip Code		
Home Number		
Business Number		
Mobile Number		
E-mail Address		

(Please note preferred phone number with *)

Dependent Information	1	2	3
Dependent Name			
Social Security Number			
Date of Birth			
Relationship			

(Note additional dependents on reverse side) * Information above must match dependent's Social Security Card.

Any outstanding tax liabilities? ____Yes ____No

Been audited before? ____Yes ____No

Do you own or have signature authority over any foreign bank accounts? ____Yes ____No

If we can't file your tax return by the original due date, do we have your permission to file an extension? ____Yes ____No

For Internal Use Only:

Client ID: _____	<input type="checkbox"/> 1040	<input type="checkbox"/> Tax Estimate 1040-ES
Spouse Name/ID: _____	<input type="checkbox"/> 1040 State	<input type="checkbox"/> Quarter 1
Group ID: _____	<input type="checkbox"/> 1040 Schedule C	<input type="checkbox"/> Quarter 2
Client Type: _____	<input type="checkbox"/> 1099- DIV	<input type="checkbox"/> Quarter 3
Name on Bill: _____	<input type="checkbox"/> 1099- INT	<input type="checkbox"/> Quarter 4
Billing Ptr/ Mgr: _____	<input type="checkbox"/> 1099- MISC	<input type="checkbox"/> Year-End Tax Planning
Originating Ptr: _____	<input type="checkbox"/> 1099- Rent	
Staff: _____	<input type="checkbox"/> 1041	
Referral Source: _____		<input type="checkbox"/> _____
Referred By: _____		<input type="checkbox"/> _____
Start Date: _____		
Filing Status: _____		
Miscellaneous Notes: _____		

Updated (Initial/ Date)	Letters (Initial/Date)	Quotes/Fees Discussed
I-Time _____	Welcome _____	
CCH _____	Thank You _____	
Review _____	Individual Tax Engagement _____	