| Taxpayer/Spouse Name | Birthdate |  | Social Security \# (please verify) | Occupation |
| :--- | :--- | :--- | :--- | :--- |
| $\square$ | $\square$ |  |  |  |

NEW ADDRESS (if any)

| PHONE NUMBERS Home | Work | Cell | Fax |
| :---: | :---: | :---: | :---: |
| ***Email: |  |  | *** |

DEPENDENTS (if new client, list all; otherwise, list changes from last tax year):

| Name | Birthdate |  | Social Security \# (please verify) |
| :--- | :--- | :--- | :--- |
|  |  |  |  |



