

New Client Information

TAXPAYER

TAXPAYER NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	
MAILING ADDRESS	CITY	STATE	ZIP
PHYSICAL STREET ADDRESS (if different)	CITY	STATE	ZIP
HOME PHONE	CELL	FAX	
EMAIL ADDRESS	OCCUPATION	DRIVERS LICENSE NUMBER	

SPOUSE

SPOUSE NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	
ADDRESS (if different from Taxpayer)	CITY	STATE	ZIP
HOME PHONE	CELL	FAX	
EMAIL ADDRESS	OCCUPATION	DRIVERS LICENSE NUMBER	

DEPENDENT CHILDREN

CHILD NAME	SSN	DATE OF BIRTH	GENDER	# OF MO. LIVED WITH TAXPAYER
CHILD NAME	SSN	DATE OF BIRTH	GENDER	# OF MO. LIVED WITH TAXPAYER
CHILD NAME	SSN	DATE OF BIRTH	GENDER	# OF MO. LIVED WITH TAXPAYER
CHILD NAME	SSN	DATE OF BIRTH	GENDER	# OF MO. LIVED WITH TAXPAYER
CHILD NAME	SSN	DATE OF BIRTH	GENDER	# OF MO. LIVED WITH TAXPAYER

EXISTING BUSINESSES

LEGAL BUSINESS NAME	EIN	TYPE OF ENTITY	% OWNED
LEGAL BUSINESS NAME	EIN	TYPE OF ENTITY	% OWNED
LEGAL BUSINESS NAME	EIN	TYPE OF ENTITY	% OWNED
LEGAL BUSINESS NAME	EIN	TYPE OF ENTITY	% OWNED