



"Personal & confidential year-round tax preparation and bookkeeping."

NEW CLIENT INFORMATION

NAME: _____

PHONE #: _____

DATE OF BIRTH: ___/___/___
 M D Y

S.I.N. #: _____

ADDRESS: _____

ALT. PHONE #: _____

MARTIAL STATUS (circle appropriate choice):

Married

Common Law

Widowed

Divorced

Separated

Single

Date of Martial Change if in the last Tax filing year: ___/___/___
 M D Y

National Register of Electors: YES _____

NO _____

SPOUSAL INFORMATION:

NAME: _____

PHONE #: _____

DATE OF BIRTH: ___/___/___
 M D Y

S.I.N. #: _____

ADDRESS IF DIFFERENT FROM ABOVE: _____

DEPENDANTS INFORMATION:

NAME: _____

DATE OF BIRTH: ___/___/___
 M D Y

S.I.N. #: _____

NAME: _____

DATE OF BIRTH: ___/___/___
 M D Y

S.I.N. #: _____