



**New Individual
Client Information Form**

NEW CLIENT INFORMATION FORM**TAXPAYER INFORMATION**

Full Name (First, Middle, Last): _____
Social Security Number: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Numbers: (Mobile): _____ (Home): _____ (Business): _____
Preferred Contact Number: Cell Home Business Email: _____

SPOUSE INFORMATION

Full Name (First, Middle, Last): _____
Social Security Number: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Numbers: (Mobile): _____ (Home): _____ (Business): _____
Preferred Contact Number: Cell Home Business Email: _____

DEPENDENT (1) INFORMATION *INFORMATION MUST MATCH DEPENDENT'S SOCIAL SECURITY CARD.

Full Name (First, Middle, Last): _____
Social Security Number: _____ Date of Birth: _____
Relationship: _____

DEPENDENT (2) INFORMATION *INFORMATION MUST MATCH DEPENDENT'S SOCIAL SECURITY CARD.

Full Name (First, Middle, Last): _____
Social Security Number: _____ Date of Birth: _____
Relationship: _____

DEPENDENT (3) INFORMATION *INFORMATION MUST MATCH DEPENDENT'S SOCIAL SECURITY CARD.

Full Name (First, Middle, Last): _____
Social Security Number: _____ Date of Birth: _____
Relationship: _____

(Note additional dependents on second page)

ADDITIONAL INFORMATION

- Y N**
- Any outstanding tax liabilities?
- Been audited before?
- Do you own or have signature authority over any foreign bank accounts?

EXTENSION

- Y N**
- If we can't file your tax return by the original due date, do we have your permission to file an extension?

ADDITIONAL DEPENDENT INFORMATION *INFORMATION MUST MATCH DEPENDENT'S SOCIAL SECURITY CARD.

Full Name (First, Middle, Last): _____
Social Security Number: _____ Date of Birth: _____
Relationship: _____

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