

CLIENT INFORMATION

This information will help to ensure you forms are accurate and complete.

TAXPAYER

SPOUSE

Name: _____ Name: _____

Soc Sec #: _____ Soc Sec #: _____

Birth Date: _____ Birth Date: _____

Address: _____

Referred By: _____

Services sought: _____

Please note any specific circumstances that brought you here: _____

E-mail: _____ E-mail: _____

Preferred Phone: Cell Home Work Preferred Phone: Cell Home Work

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

CHILDREN AND OTHER DEPENDENTS

Name	Relationship	Date of Birth	Soc Sec #	Lives with you Yes/No
_____	_____	_____	_____	Yes/No
_____	_____	_____	_____	Yes/No
_____	_____	_____	_____	Yes/No
_____	_____	_____	_____	Yes/No

TAXPAYER REPRESENTATION

Taxpayer represents that all information provided is accurate to the best of their knowledge and has proper tax records and documentation to support the income and deductions shown on the tax return.

Taxpayer Signature: _____

Spouse's Signature: _____

Date: _____

We will not share your contact information without your consent. For more information on how we protect the personal information you provide, ask to see our Privacy Policy.