

## NEW CLIENT INFORMATION



Please complete the below for our records.

### ABOUT YOU

#### TAXPAYER

first  last   
SS#  -  -  occupation   
DOB  /  /  title   
street   
city  state  zip

#### SPOUSE

first  last   
SS#  -  -  occupation   
DOB  /  /  title

### GETTING IN TOUCH

cell  -  -  home  -  -   
email

#### PREFERENCES

method of contact  phone  text  email  
appointment type  in-person  virtual  email  
SELECT ONE

# NEW CLIENT INFORMATION CONTINUED

Please complete the below for our records.

## DEPENDENTS

### DEPENDENT

first  last   
SS#  -  -  occupation   
DOB  /  /  title

### DEPENDENT

first  last   
SS#  -  -  occupation   
DOB  /  /  title

### DEPENDENT

first  last   
SS#  -  -  occupation   
DOB  /  /  title

### DEPENDENT

first  last   
SS#  -  -  occupation   
DOB  /  /  title

### DEPENDENT

first  last   
SS#  -  -  occupation   
DOB  /  /  title