



## NEW CLIENT INFORMATION REQUEST

Date \_\_\_\_\_ Referred by \_\_\_\_\_

Business Name \_\_\_\_\_ EIN: \_\_\_\_\_

Filing Status: \_\_\_\_\_ Single \_\_\_\_\_ Married-Joint \_\_\_\_\_ Married-Separate \_\_\_\_\_ Head of Household  
\_\_\_\_\_ S Corp \_\_\_\_\_ C Corp \_\_\_\_\_ Partnership \_\_\_\_\_ LLC

### **Taxpayer Information:**

Taxpayer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **Attach a copy of Driver's License(s)**

Taxpayer SSN: \_\_\_\_\_ Occupation: \_\_\_\_\_

Taxpayer Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Taxpayer Email: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

### **Spouse Information:**

Spouse Name: \_\_\_\_\_

Spouse SSN: \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse Email: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

### **Dependent Information:** (If Applicable)

**Name:**

**DOB:**

**SSN:**

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