

# NEW CLIENT INFORMATION SHEET

CLIENT INFORMATION		
	Taxpayer	Spouse
First Name & Middle Initial		
Last Name		
Title / Suffix		
Social Security Number		
Occupation		
Date of Birth (M/D/Y)		
Home Phone		
Work Phone		
Cell Phone		
E-Mail Address		
Address	Mailing Address	
	Apartment Number	
	City	
	State	
	ZIP Code	
DEPENDENTS		
	Dependent # 1	Dependent # 2
First Name & Middle Initial		
Last Name		
Social Security Number		
Date of Birth (M/D/Y)		
Relationship		
	Dependent # 3	Dependent # 4
First Name & Initial		
Last Name		
Social Security Number		
Date of Birth (M/D/Y)		
Relationship		
BANK ACCOUNT INFO FOR DIRECT DEPOSIT		
Name of Bank		
Routing Number		
Account Number		
Type of Account		