



### New Tax Client Information Sheet

Date \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Filing Status \_\_\_\_\_  
 States to File \_\_\_\_\_

**Taxpayer** \_\_\_\_\_  
 SS# \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_  
 Issue Date: \_\_\_\_\_ Expires: \_\_\_\_\_

**Spouse Name** \_\_\_\_\_  
 SS# \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_  
 Issue Date: \_\_\_\_\_ Expires: \_\_\_\_\_

**Dependent 1 Name** \_\_\_\_\_  
 SS# \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Full Time Student \_\_\_\_\_

**Dependent 2 Name** \_\_\_\_\_  
 SS# \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Full Time Student \_\_\_\_\_

**Dependent 3 Name** \_\_\_\_\_  
 SS# \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Full Time Student \_\_\_\_\_

**Direct Deposit? (No Charge)** \_\_\_\_\_ **\*\*If YES, Attach Voided Check Copy**  
 Bank Name \_\_\_\_\_  
 Bank Account Number \_\_\_\_\_  
 Routing Number \_\_\_\_\_

**Note: All tax returns will be electronically filed UNLESS manual filing is requested**  
**Note: Completed client copy will be sent via secure email**