



## New Client Information Sheet

How did you hear about our office? \_\_\_\_\_

| PRIMARY TAXPAYER        | SPOUSE                  |
|-------------------------|-------------------------|
| Name _____              | Name _____              |
| Social Security # _____ | Social Security # _____ |
| Occupation _____        | Occupation _____        |
| Date of Birth _____     | Date of Birth _____     |
| Daytime Phone _____     | Daytime Phone _____     |
| Evening Telephone _____ | Evening Telephone _____ |
| Cell Phone _____        | Cell Phone _____        |
| Email Address _____     | Email Address _____     |
| Mailing Address: _____  |                         |
| City, State, Zip _____  |                         |

| DEPENDENT INFORMATION   |                         |
|-------------------------|-------------------------|
| Name _____              | Name _____              |
| Social Security # _____ | Social Security # _____ |
| Date of Birth _____     | Date of Birth _____     |
| Relationship _____      | Relationship _____      |
| Name _____              | Name _____              |
| Social Security # _____ | Social Security # _____ |
| Date of Birth _____     | Date of Birth _____     |
| Relationship _____      | Relationship _____      |

|   |  |
|---|--|
| <p style="text-align: center;">We electronically file ALL eligible returns at no additional charge.</p> <p style="text-align: center;">Electronic filing is safe and secure. Additionally, we receive a confirmation from the IRS that your return has been received.</p> | <p style="text-align: center;">Clients will receive any refund processed faster using Direct Deposit. If you wish to use Direct Deposit, please provide the following information:<br/><i>(Leave blank for NO direct deposit)</i></p> <p>Bank Name: _____</p> <p>Routing # _____</p> <p>Account # _____</p> <p>Check One:      <b>CHECKING</b>                      <b>SAVINGS</b></p> |
|---|--|

**NOTES:** \_\_\_\_\_