



Client # \_\_\_\_\_

Today' Date: \_\_\_\_\_

Circle Tax Preparer: Dawn / Michelle / Tarina

**NEW CLIENT INFORMATION:**

Name: \_\_\_\_\_  
Nickname: \_\_\_\_\_  
SS# \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_

**SPOUSE / PARTNER INFO:**

Name: \_\_\_\_\_  
Nickname: \_\_\_\_\_  
SS# \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_

**Please** indicate **Who** you want us to contact at **Which** number.

Home: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Work: \_\_\_\_\_  
Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Home: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Work: \_\_\_\_\_  
Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**PHYSICAL ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_ (same as physical address)

\_\_\_\_\_  
\_\_\_\_\_

**Marital Status:** Married / Separated / Divorced / Widowed / Single / Other: \_\_\_\_\_

**Dependents:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_

Were you referred to us? YES / NO By Who? \_\_\_\_\_

What type of help do you need?

TAX / ACCOUNTING / BUSINESS DEVELOPMENT / OTHER \_\_\_\_\_

Do you have ownership or are you a beneficiary in any of the following?

SOLE PROPRIETORSHIP / PARTNERSHIP / C CORP. / TRUST / OTHER \_\_\_\_\_