

NEW INDIVIDUAL CLIENT

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Taxpayer SS#: \_\_\_\_\_ Spouse's SS#: \_\_\_\_\_

Taxpayer Date of Birth: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_

Taxpayer Occupation: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

E-mail Address \_\_\_\_\_  
\_\_\_\_\_

Dependents

Names	Social Security Numbers	Date of Birth