New Individual Client Information Sheet

Client Nam: _____ Occupation: _____

Address: _____

Phone Number: _____ Email: _____

Date of Birth: ____/____/_____ SS#: _____ Health Insurance ☐ Through Marketplace ☐

Filing Sta[ ] Married - Jo[ ]ely ☐ Head of Household ☐ Qualifying Widow ☐

Please complete spouse's info, regardless of filing status

Spouse's nam[ ] SS# (if filing separat[ ]

Name of Children or Dependents	Date of Birth	Claiming?	Social Security # (if claiming)	Relation to you
		☐		
		☐		
		☐		
		☐		

How did you hear [ ] Years you would like us to [ ]

This box is for office use only

[ ]

[ ]

☐ ☐ [ ] [ ]

If [ ]

[ ]

Any questions for us: _____

_____

Additional Notes