

New Individual Client Information Sheet

Client Name: _____ Occupation: _____

Address: _____

Phone Number: _____ Email: _____

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

Filing Status: Single Married - Jointly Married – Separately Head of Household Qualifying Widow

Please complete spouse’s info, regardless of filing status

Spouse’s name: _____ SS# (if filing separately): _____

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

How did you hear of us? _____ Years you would like us to file: _____

This box is for office use only

Client updates

If you would like your tax refund (if any) deposited directly into your bank, please provide:

Account Type	Your Account Number	Bank Routing Number
Checking <input type="checkbox"/> Savings <input type="checkbox"/>		

Any questions for us: _____
