

Date _____

NEW CLIENT QUESTIONNAIRE

Taxpayer: First Name _____ **M.I.** _____ **Last Name** _____

Social Security # _____ **Date of Birth:** _____

Spouse: First Name _____ **M.I.** _____ **Last Name** _____

Social Security # _____ **Date of Birth:** _____

Address: _____

City/State/Zip Code: _____

Phone: _____ **Cell: (His)** _____ **(Hers)** _____

Email: (His) _____ **Email: (Hers)** _____

Occupation: _____ **Office #** _____

Spouse's Occupation: _____ **Office #** _____

No. of Dependents: _____

Dependent Information					
First Name	M.I.	Last Name	Soc. Security #	D.O.B	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(Please List Additional Dependents on Separate Sheet)

Referred By: _____

I/We, _____ (taxpayer(s), acknowledge that all information provided here for the preparation and completion of my Federal and State taxes is complete and accurate to the best of my knowledge. I/We also understand & agree that a 50% deposit is due when work is accepted and that payment in full is due when work is completed.

I/We have read all the information furnished and agree to all terms and conditions.

Taxpayer's Signature

Social Security #

Spouse's Signature

Social Security #