

**CLIENT INFORMATION SHEET**

**Please Fill Out Completely**

Today's Date \_\_\_\_\_

Name \_\_\_\_\_  
(Taxpayer) (Spouse) (Last Name)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ How Did You Hear About Us? \_\_\_\_\_

FAX \_\_\_\_\_ E-Mail \_\_\_\_\_ Referred By \_\_\_\_\_

Check here to receive periodic tax newsletters by e-mail

Single Married Widowed Divorced Birthdate: Taxpayer \_\_\_/\_\_\_/\_\_\_ Spouse \_\_\_/\_\_\_/\_\_\_

Dependent Name Birthdate Soc Sec # At Home? Child / Other

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

Taxpayer's Employer \_\_\_\_\_ Occupation \_\_\_\_\_ How Long \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Occupation \_\_\_\_\_ How Long \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Nearest Relative \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Whom do you know that may need our services? May we contact them directly? \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

This form helps to keep our files up to date and is frequently used by our firm when processing client projects

**ALSO PLEASE READ AND SIGN THE REVERSE SIDE OF THIS FORM**