



**New Client Information Sheet**

<u>Name (First, MI, Last)</u>	<u>Date of Birth</u>	<u>Social Security Numbers</u>
Taxpayer _____	_____	_____
Spouse _____	_____	_____

**Address**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence (Taxpayer) \_\_\_\_\_ (Spouse) \_\_\_\_\_

County of Work (Taxpayer) \_\_\_\_\_ (Spouse) \_\_\_\_\_

**Telephone Numbers**

Cell (Taxpayer) \_\_\_\_\_ (Spouse) \_\_\_\_\_

Work (Taxpayer) \_\_\_\_\_ (Spouse) \_\_\_\_\_

Home \_\_\_\_\_

Email (Taxpayer) \_\_\_\_\_ (Spouse) \_\_\_\_\_

<u>Dependents: (First, MI, Last)</u>	<u>Date of Birth</u>	<u>Social Security Numbers</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____

**Company Information**

Company Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

EIN Number \_\_\_\_\_