

New Tax Client Data Sheet

NEW -or- UPDATE

Taxpayer

Spouse

First Name and Initial	_____	_____
Last Name	_____	_____ (SS Name)
SSN	_____	_____
Date of Birth	_____	_____
Occupation	_____	_____

Marital Status: Single Married Separated Divorced

Street Address _____ PO Box _____ Apt # _____
City _____ State _____ ZIP Code _____

Taxpayer

Spouse

Home Phone	_____	_____
Cell Phone	_____	_____
Work Phone	_____	_____
Email Address	_____	_____

Dependent 1

Dependent 2

Dependent 3

Dependent 4

First Name and Initial	_____	_____	_____	_____
Last Name	_____	_____	_____	_____
SSN	_____	_____	_____	_____
Date of Birth	_____	_____	_____	_____
Relationship	_____	_____	_____	_____

Special issues you would like to discuss or other comments: