

# New Tax Client Data Sheet

NEW -or-  UPDATE

## Taxpayer

## Spouse

First Name and Initial \_\_\_\_\_

Last Name \_\_\_\_\_

SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

\_\_\_\_\_  
(SS Name)

Marital Status:  Single  Married  Separated  Divorced

Street Address \_\_\_\_\_

City \_\_\_\_\_

PO Box \_\_\_\_\_

Apt # \_\_\_\_\_

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 \_\_\_\_\_

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Special issues you would like to discuss or other comments: