

**VINCENT PASSARIELLO TAX SERVICES**  
**NEW CLIENT SHEET**

FILING STATUS \_\_\_\_\_  Date: \_\_\_\_\_

(1) Single (2) Married Filing Jointly (3) Married Filing Separate (4) Head of Household  
 (X) If you were married but lived apart all year \_\_\_\_\_

Veteran: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**TAXPAYER**

**SPOUSE**

Social Security #		
First Name		
Last Name		
Occupation		
Date of Birth		
Home Phone #		
Cell Phone #		
Email Address		

*Current Mailing Address*

Street Address \_\_\_\_\_ Apt. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 County \_\_\_\_\_

*Dependent Information*

First Name	Last Name	DOB	SS #	Relationship

How did you hear about Vincent Passariello Tax Services?

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