

Individual New Client Information Form



Please complete if you are not also completing a tax organizer for your initial meeting

General Information:

	Primary Contact	Spouse (if applicable)
Name		
Social Security Number		
Date of Birth		
Email Address		

Mailing Address			
City, State, Zip			
Phone Number(s)	Preferred		Secondary
Referred By			

Tax Prep Clients Only (if we will be completing a tax return for you, please complete the following additional information):

Dependent Info – please provide the following info for dependents you will claim for tax purposes:

Name	Social Security Number	Date of Birth	Relationship

Identity Verification Info (states now require drivers license information as a secondary identity verification tool; failure to provide this info can delay any refund):

	Primary Contact	Spouse (if applicable)
Drivers License #		
DL Issue Info	Issue Date State	Issue Date State
DL Expiration Date		

For Office Use Only:

Client Number Assignment		Date Assigned	
Initial Project			
Budget	Prep	Review	