



ALL CLIENTS – MAIN CONTACT / TAX MATTERS PERSON:

Check best method of contact

Name: _____
First M Last email: _____

Billing Address: _____

Preferred Phone: _____ Alternate Phone: _____

Who can we thank for referring you to us? _____

INDIVIDUAL TAX CLIENTS: (Taxpayer & Spouse, Check best method of contact)

Taxpayer Name: _____ Occupation: _____
First M Last

Social Security #: _____ Birthdate: _____ email: _____

Preferred Phone: _____ Alternate Phone: _____ Foreign Bank Acct? _____

Spouse Information:

Spouse Name: _____ Occupation: _____
First M Last

Social Security #: _____ Birthdate: _____ email: _____

Preferred Phone: _____ Alternate Phone: _____ Foreign Bank Acct? _____

Dependent Information:

Name: _____ SS# _____ Birthdate: _____

Name: _____ SS# _____ Birthdate: _____

SELF EMPLOYED / SOLE PROPRIETOR:

Business Name: _____

Principal Business or Profession _____

Main Phone # and Email for Business _____
If different from above

**AS A NEW CLIENT, PLEASE READ AND SIGN THE ATTACHED LETTER OF ENGAGEMENT.
IN ADDITION, A RETAINER MAY BE REQUIRED.**

For office use only: Client Number: _____ UT: _____ FC: _____ PRACTICE: _____
Notes:

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