

FOR OFFICE USE ONLY:

CLIENT ID # _____

_____ New _____ Updated

Today's Date: _____

Taxpayer's Name _____ SSN: _____ DOB: _____

Spouse's Name _____ SSN: _____ DOB: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Email Address _____

Business Name _____ Business EIN _____

Business Address _____

City _____ State _____ Zip _____

Business Phone _____ Fax Number _____

Dependents Name(s) _____ SSN: _____ DOB: _____

_____ SSN: _____ DOB: _____

_____ SSN: _____ DOB: _____

_____ SSN: _____ DOB: _____

Previous Accountant _____

Current Lawyer _____

Current Financial
Advisor _____

Reason for Change _____

Do you have copies of prior years' returns
(Two years preferred, but not necessary) _____ Yes _____ NO

Would you like Direct Deposit? _____ Yes _____ NO

If Yes, Please complete the following:

Bank Name _____ Routing No. _____

Account No. _____ Please Check One: _____ Checking _____ Saving