



New Individual Client Form

Primary Taxpayer Information

First Name: _____ Middle: _____ Last: _____

Date of Birth: ___/___/___ Social Security Number: ___/___/___

Occupation/Title: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Fax Number: _____

Email Address: _____@_____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Secondary Taxpayer Information

First Name: _____ Middle: _____ Last: _____

Date of Birth: ___/___/___ Social Security Number: ___/___/___

Occupation/Title: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Fax Number: _____

Email Address: _____@_____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Filing Status: Single___ Married___ Married-Separate___ Head of Household___ Qualifying Widow___

Bank Information for Direct Deposit:

Name of Financial Institution: _____

Checking or Savings (please circle):

Routing Number: _____ Account Number: _____

If you are new to our office, please have your previous years completed tax return with you.



What services are you looking to be provided? Check all that apply:

Individual Tax Preparation

Personal Bookkeeping

Tax Resolution

Tax Planning

Credit Card Payment:

Name as it appears on the card: _____

Phone number: _____

Card Type: Visa/ MC/ Amex/ Discover (Please circle)

Credit Card Number: _____

Expiration Date: ____/____

3 Digit Security Number (back of card): _____

Billing Zip Code: _____

Authorization to charge for services rendered

Date: ____/____/____

Client Name (Printed): _____

Client Name (Signature): _____