

NEW CLIENT INFORMATION FORM

Date Submitted: _____

Account # _____

PRIMARY TAXPAYER INFORMATION

Taxpayer SSN # _____	DOB _____
Taxpayer Name _____	Email Address _____
Business Phone # _____	Fax # _____
Mobile Phone # _____	Home # _____
Address _____	
City _____	State _____ Zip _____
Taxpayer Occupation _____	Taxpayer Employer _____
Referred By _____	

SPOUSE INFORMATION

Spouse SSN # _____	DOB _____
Spouse Name _____	Email Address _____
Business Phone # _____	Fax # _____
Mobile Phone # _____	Home # _____
Spouse's Occupation _____	Spouse's Employer _____

DEPENDANT INFORMATION

Child Name _____	DOB _____	SS# _____	Gender _____
Child Name _____	DOB _____	SS# _____	Gender _____
Child Name _____	DOB _____	SS# _____	Gender _____
Child Name _____	DOB _____	SS# _____	Gender _____
Child Name _____	DOB _____	SS# _____	Gender _____

For Office Use Only:

Assigned To: BC DR RC Entered Into Practice: Yes No Entered Into UT: Yes No
FC NetClient Box Checked WL Sent and scanned: Yes No Scanned: Yes No
Referral Tracked: Yes No ELP updated BD List
Projects Assigned to Partner Starting Tax Return Year: _____ Status: S,MFJ,MFS,HOH,QW

Notes:

