New (Individual/Family) Client Info Form

Taxpayer Name: _____ Birthday: _____ SSN:_____

Spouse Name: _____ Birthday: _____ SSN:_____

Dependent: _____ Birthday: _____ SSN:_____

Dependent: _____ Birthday: _____ SSN:_____

Dependent: _____ Birthday: _____ SSN:_____

Dependent: _____ Birthday: _____ SSN:_____

Address:_____

Home Phone:_____ Taxpayer Cell:_____Spouse Cell:_____

Taxpayer Email:_____ Spouse Email:_____

Preferred Method of Contact: ☐ Home Phone ☐ Taxpayer Cell ☐ Spouse Cell ☐ Taxpayer Email ☐ Spouse Email

Estimated Cost of Return: _____

Client Notes:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Internal Use Only:

Projects Needed:

- ☐ 1040 Individual Income Tax Return
- ☐ Quarterly Tax Projection
- ☐ 1099 Preparation