



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

Yes No

Do we have a copy of the prior year tax return(s)? List returns received: _____

Client informed of estimated cost? _____

Estimated cost of preparing return: _____

Factors used in estimating cost of return: _____

Any income reportable to KCMO or additional states?

Ask about health insurance *(If necessary complete the health insurance section of Personal Tax Checklist)*

Notes: _____

Obtain signed engagement letter AND ask about notice insurance

Additional Notes:

Admin Steps: Put in Practice Enter into QB
 File made Enter on Master Client List Admin Initial & Date: _____