NEW CLIENT FORM

TAXPAYER INFORMATION:

FIRST NAME _____ MI____ LAST NAME _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH (MM/DD/YY) _____

OCCUPATION _____

SPOUSE'S INFORMATION:

FIRST NAME _____ MI____ LAST NAME _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH (MM/DD/YY) _____

OCCUPATION _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

TAXPAYER PHONE _____ TAXPAYER EMAIL _____

SPOUSE PHONE _____ SPOUSE EMAIL _____

DEPENDENTS INFORMATION (CHILDREN, PARENTS, ETC.)

NAME (FIRST, MIDDLE INITIAL, LAST)	SOCIAL SECURITY NUMBER	DATE OF BIRTH

ADDITIONAL INFORMATION

Personal Account

DIRECT DEPOSIT INFORMATION:

FIRST NAME ON THE ACCOUNT _____

ACCOUNT NUMBER _____

ROUTING NUMBER _____ Checking ☐

BANK NAME Savings ☐

Business Account

DIRECT DEPOSIT INFORMATION:

FIRST NAME ON THE ACCOUNT _____

ACCOUNT NUMBER _____

ROUTING NUMBER _____ Checking ☐

BANK NAME Savings ☐