



New Client Information Sheet

Taxpayer's Full Name: _____ SS# _____

Spouse's Full Name: _____ SS# _____

Mailing Address: _____ APT# _____

Zip _____ City _____, State _____

Taxpayer's Email: _____ Spouse's Email: _____

Telephone Numbers: Taxpayer Spouse
(Best # to reach you) (_____) _____ (_____) _____

Birth Date: Taxpayer _____ Spouse _____

Self Employed: *Yes No* Incorporated: *Yes No*

Did you and your spouse live apart during the year? *Yes No*
If yes, did you live together at any time after *June 30*? *Yes No*

Can you be claimed on another person's tax return? *Yes No*

Are you blind or disabled? Taxpayer: *Yes No* Spouse: *Yes No*

Circle health insurance coverage: *Work* *Affordable Care Act* *Other* *None*

Dependents: (youngest first) Name (first, initial, last)	Birth Date	Dependent's SS#	Relationship	Months lived in your home this year

Taxpayer's Driver's License# _____ Issue Date _____ Exp. Date _____ State Issued _____
Spouse's Driver's License# _____ Issue Date _____ Exp. Date _____ State Issued _____

How did you hear about us?

- Wavers*
- Friend: Who? _____*
- Driving by*
- Other: _____*
- Internet search*