



New Client Intake Form

Taxpayer

Name _____ SSN _____

Address _____ City _____ State _____ Zip _____

Phone _____ Birthdate _____ Email _____

Occupation _____

Spouse (if applicable)

Name _____ SSN _____

Address _____ City _____ State _____ Zip _____
(if different from above)

Phone _____ Birthdate _____ Email _____

Occupation _____

Please circle your marital status as of 12/31/2019. Single Married Separated Widowed

Dependents

Name _____ SSN _____

Birthdate _____ Relationship _____

Name _____ SSN _____

Birthdate _____ Relationship _____

Name _____ SSN _____

Birthdate _____ Relationship _____

Banking Information (If you would like direct deposit in the event of a refund):

Financial Institution _____ (Please circle) Checking/Savings

Routing Number _____ Account number _____

Attention! We will need your past 2 Tax Returns and a copy of your Driver's License!