

Date: \_\_\_\_\_



## INDIVIDUAL SETUP FORM

**Please Fill Out Completely**

### TAXPAYER (PREFERRED CONTACT)

CONTACT INFORMATION:			<input type="checkbox"/> Single <input type="checkbox"/> Married
First	M.I.	Last	
Contact Name	_____	_____	Preferred Contact Method <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text
Phone Number	_____		Email Address _____
Physical Address	_____		Mailing Address (if different) _____
City	_____	State _____ Zip _____	City _____ State _____ Zip _____
Date of Birth	_____		SSN # _____
Referred By <input type="checkbox"/> Client	_____		Returning Client <input type="checkbox"/>

### SPOUSE (SECONDARY CONTACT)

CONTACT INFORMATION:			
First	M.I.	Last	
Contact Name	_____	_____	Preferred Contact Method <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text
Phone Number	_____		Email Address _____
Date of Birth	_____		SSN # _____

### ADDITIONAL CONTACT (IF NEEDED)

CONTACT INFORMATION:			
First	M.I.	Last	
Contact Name	_____	_____	Relationship to Taxpayer(s) _____
Phone Number	_____		Email Address _____

### DEPENDENT INFORMATION

NAME	DATE OF BIRTH	SSN #
First		
M.I.		
Last		
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**Please return document to our office or to send electronically, call our office and we can provide you with a secure link**