

INDIVIDUAL NEW CLIENT INFO

CLIENT INFORMATION

| CEIEITI II II OIUII | | | | | | | | | |
|--|---------------------|---------------|--------------------------|--|--------------|------------|------|--------|--|
| Taxpayer Name: | Spouse Name: | Spouse Name: | | | | | | | |
| Taxpayer SSN: | Spouse SSN: | Spouse SSN: | | | | | | | |
| Taxpayer DOB: | Spouse DOB: | Spouse DOB: | | | | | | | |
| Home Phone: | | | | | | | | | |
| Taxpayer Cell: | Spouse Cell: | Spouse Cell: | | | | | | | |
| Taxpayer opt-in for SMS Communication – please check box | | | | Spouse opt-in for SMS Communication – please check box | | | | | |
| | | *Standard | text messaging rates app | ply* | | | | | |
| Taxpayer Email: | Spouse Email: | Spouse Email: | | | | | | | |
| Mailing Address: | | | | | | 1 | | | |
| City: | | | | State: | Zip: | | | | |
| DEPENDANT INFO | ORMATION | | | | | | | | |
| Name: | | | Name: | Name: | | | | | |
| SSN: | | | SSN: | SSN: | | | | | |
| DOB: | Yearly Od | ld Even | DOB: | | Yea | arly Od | d | Even | |
| Name: | | | Name: | Name: | | | | | |
| SSN: | | | SSN: | SSN: | | | | | |
| DOB: | OOB:Yearly Odd Even | | | Yearly Odd Even | | | Even | | |
| Name: | Name: | | | | | | | | |
| SSN: | | | SSN: | | | | | | |
| DOB: | Yearly Odd Even | | DOB: | | Yea | arly Od | .d | Even | |
| FINANCIAL INFO | RMATION | | 1 | | • | | | | |
| Routing Number | | | Account Number | | Account Type | | | | |
| | | | | | | Checking _ | Sa | avings | |
| Name of Finanical Instit | ution: | | | | | | | | |
| | | | | | | | | | |
| Taxpayer Signatu | | Date: | | | | | | | |
| Spouse Signatu | | | Date: | | | | | | |