



New Client Intake Form

Personal Information:

Taxpayer: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone: \_\_\_\_\_

Spouse: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Filing Status:

- Single
- Married Filing Joint
- Married Filing Separate
- Head of Household

Dependents?\*   Y    N    Number of Dependents: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Relationship: \_\_\_\_\_

No. Months in Home: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Relationship: \_\_\_\_\_

No. Months in Home: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Relationship: \_\_\_\_\_

No. Months in Home: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Relationship: \_\_\_\_\_

No. Months in Home: \_\_\_\_\_

\*if additional space is needed, please use the back of this form.

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_