New Client Form (Personal)

We would like to take this opportunity to welcome you as a new client and to thank you for your business. We look forward to being of service to you, now and in the future.

Please print clearly

Date _____

Primary Taxpayer _____ SSN _____

Date of Birth _____ Sex (M/F) ____ Marital Status _____

Filing Status? (Single, Married Filing Jointly, Married Filing Separately, Head of Household, or Qualifying Surviving Spouse) _____

Driver's License # _____ State _____ Issued Date _____ Exp _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail _____ Occupation _____

Preferred method of contact?   Email ____   Call _____   Both ____   No Preference _____

Are you a returning client?   Yes _____   No _____ Referred by _____

Spouse _____ SSN _____

Date of Birth _____ Sex (M/F) ____ Date of Death _____

Driver's License # _____ State _____ Issued Date _____ Exp _____

Is the spouse's home address the same as the taxpayer's (Y/N)? _____

Cell Phone _____

E-mail _____ Occupation _____

Emergency Contact Person _____

Cell Phone _____ E-mail _____

Please provide a <u>copy</u> of each Driver License

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. To guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

FINANCIAL

Do you have a ...

Will (Y/N)?_____   Revocable Living Trust(Y/N)? _____   Irrevocable Trust(Y/N)? _____

CRT/Tax Exempt Trust (Y/N)?_____   Family Limited Partnership (Y/N)? _____

Private Foundation (Y/N)?_____   Other Entity? (Y/N)?_____

If yes to Other Entity, please list _____

DEPENDENT INFORMATION

The term "dependent" means a qualifying child or qualifying relative. Please provide a copy of the birth certificate and social security card for each child listed.

Name _____   Date of Birth _____

Relationship_____ Sex (M/F) ____ SSN _____

Months lived with you? _____

Full-time student (Y/N)?_____   Do they have income (Y/N)?_____   Disabled (Y/N)?_____

Name _____   Date of Birth _____

Relationship_____ Sex (M/F) ____ SSN _____

Months lived with you? _____

Full-time student (Y/N)?_____   Do they have income (Y/N)?_____   Disabled (Y/N)?_____

Name _____   Date of Birth _____

Relationship_____ Sex (M/F) ____ SSN _____

Months lived with you? _____

Full-time student (Y/N)?_____   Do they have income (Y/N)?_____   Disabled (Y/N)?_____

Name _____   Date of Birth _____

Relationship_____ Sex (M/F) ____ SSN _____

Months lived with you? _____

Full-time student (Y/N)?_____   Do they have income (Y/N)?_____   Disabled (Y/N)?_____

Name _____   Date of Birth _____

Relationship_____ Sex (M/F) ____ SSN _____

Months lived with you? _____

Full-time student (Y/N)?_____   Do they have income (Y/N)?_____   Disabled (Y/N)?_____