



New Client Information Form - Individual

Filing Status (Check One): Single _____ MFJ _____ MFS _____ Head of Household _____

Taxpayer (Full Legal Name): _____ DOB: _____

Spouse (Full Legal Name): _____ DOB: _____

Taxpayer Social Sec #: _____ Spouse Social Sec #: _____

Taxpayer Profession: _____ Spouse Profession: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Home Address (Street, City, State, Zip)

Mailing Address (if different)

Full Names of Children to be Included: (including mm/dd/yyyy of birth and SSN)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

States in which we need to file a return: _____

Do you have a foreign bank account that at any time during the year had \$10,000 or more in it? Yes _____ No _____

How were you referred to us? _____

INTERNAL USE ONLY: PROJECTS NEEDED IN OTW _____

www.bdhcpas.com

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