



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 & Mailing Address: (Street, City, State, Zip)

Brief Explanation of Tax Needs:

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 _____