



New Client Basic Taxpayer Information

Date: _____

(Please complete if you are a new client or are an existing client with changes)

TAXPAYER

SPOUSE

Last Name:		
First Name:		
Social Security No:		
Birth date:		
Driver's License No*:		
DL Issue Date:		
DL Expiration Date:		
Occupation:		

**Include Copies of Driver's License for Taxpayer & Spouse*

Street Address:		
City, State, Zip:		
Preferred Phone:		
Alternate Phone:		
Preferred e-Mail:		
Alternate e-Mail:		

DEPENDENTS

First Name, Middle Initial, & Last Name	Social Security No	DOB	Relationship

NOTES