

MY TAX MAN NEW CLIENT INFORMATION

TAXPAYER

First Name and Initial _____

Last Name _____

Social Security Number _____

Occupation _____

Date of Birth _____

License/ID Information: State: _____ Number: _____

Exp Date: ___/___/___ Issue Date: ___/___/___

SPOUSE

First Name and Initial _____

Last Name _____

Social Security Number _____

Occupation _____

Date of Birth _____

License/ID Information: State: _____ Number: _____

Exp Date: ___/___/___ Issue Date: ___/___/___

CONTACT INFORMATION

Physical Address _____

Mailing Address _____

City, State, Zip Code _____

Taxpayer

Primary Phone _____

Secondary Phone _____

E-mail Address _____

Spouse

Primary Phone _____

Secondary Phone _____

E-mail Address _____

REFERRED BY: _____

NEW CLIENT INFORMATION DEPENDENT ATTACHMENT

DEPENDENT #1

First Name and Initial _____

Last Name _____

Date of Birth _____

Social Security Number _____

Relationship _____

Does he/she live with you full time? Yes _____ No _____

DEPENDENT #2

First Name and Initial _____

Last Name _____

Date of Birth _____

Social Security Number _____

Relationship _____

Does he/she live with you full time? Yes _____ No _____

DEPENDENT #3

First Name and Initial _____

Last Name _____

Date of Birth _____

Social Security Number _____

Relationship _____

Does he/she live with you full time? Yes _____ No _____