POTENTIAL NEW CLIENT INFORMATION

Taxpayer Legal Name		Spouse Legal Name	
Taxpayer Preferred Name (if different)		Spouse Preferred Na	ame (if different)
Occupation		Occupation	
Date of Birth		Date of Birth	
Cell Phone Number		Cell Phone Number	
Home or Business Phone Number		Home or Business Phone Number	
Email Address		Email Address	
Address	City	State	Zip code
How were you referred to me?			
Dependents			
Name		Date of Birth	Relationship
			
Upon acceptance of our professional relaxpayer and spouse, copies of Social Sereturns, and copies of documents with o	ecurity cards f	or all family members to	be reported on the tax
I acknowledge receiving a copy of the Pr	rivacy Policy o	f Paul Gonzalez, CPA	
Name		Date	