

POTENTIAL NEW CLIENT INFORMATION

Taxpayer Legal Name

Spouse Legal Name

Taxpayer Preferred Name (if different)

Spouse Preferred Name (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 relationship, please provide copies of driver's licenses for the taxpayer and spouse, copies of Social Security cards for all family members to be reported on the tax returns, and copies of documents with dates of birth for all dependents (birth certificate, etc.).