



## New Client Intake Info

**Client ID:** \_\_\_\_\_

**Taxpayer**

**Taxpayer Phone #:** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**Spouse (if applicable)**

**Spouse Phone#:** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

**Dependents (if applicable)**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

**Business Information (if applicable)**

Business Name: \_\_\_\_\_ EIN: \_\_\_\_\_

Business Type: \_\_\_\_\_ Product/Services provided: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Estimated pricing: \_\_\_\_\_