

New Tax Client Information Sheet

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Text: Yes or No (circle one)

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

Social Security Number: \_\_\_\_\_

Dependents: Yes or No (circle one)

Dependent 1:

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

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Dependent 2:

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

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Dependent 3:

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

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Banking Information for Direct Deposit

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

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account: Checking or Savings (circle one)

Identification

Driver's License or State ID number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Issued date: \_\_\_\_\_

Expire Date: \_\_\_\_\_