



NEW CLIENT QUESTIONNAIRE (INDIVIDUAL TAX)

Print and complete by hand or type in fields and print

NAME _____ Date of Birth _____ Soc Sec # _____

SPOUSE _____ Date of Birth _____ Soc Sec # _____

ADDRESS _____

MUNICIPALITY/SCHOOL DISTRICT _____

		Husband	Wife
PHONE:	Home	_____	_____
	Work	_____	_____
	Fax	_____	_____
	E-Mail	_____	_____
	Cell	_____	_____

CHILDREN:

Name	Date of Birth	Soc Sec #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach cancelled check for direct deposit of tax refunds
Copies of two prior years Federal and all states income tax returns

COMMENTS: