

## New Client Information Sheet

Taxpayer's Full Name:						_ SS#			
Spouse's Full N	Name:				<b>S</b>	SS#			
Mailing Address:							APT#_		
	Zip	City					, State _		
Taxpayer's Em	ail:		Spou	se's Em	ail:				
Telephone Nun (Best # to reach		Taxpayer ()		Spouse (					
Birth Date:		Taxpayer		Spouse	e				
Self Employed	: Yes No	Incor	porated:	Yes I	No				
	-	e apart during the year at any time after <i>June</i>		Yes Yes	No No				
Can you be cla	imed on anoth	ner person's tax return	ı?	Yes 1	Vo				
Are you blind	or disabled?	Taxpayer: Yes No	,	Spouse	e: Yes	No			
Circle health in	isurance cover	rage: Work	Afford	lable Ca	re Act	0	ther	None	
Did you receiv	e a stimulus c	heck in 2020? Yes	No						
Dependents: (youngest first) Name (first, initial, last)		Birth Date Dep		pendent's SS#		Rela	tionship	Months lived in your home this year	
Taxpayer's Driver's License# Issue Date_ Spouse's Driver's License# Issue Date_			.te te	Exp. Exp. I	Date Date	S	State Issued State Issued		
How did you h	ear about us?								
0	Wavers Driving by Internet search	h	0	Frien Other	d: Who?			-	