

# CLIENT INFORMATION SHEET

(Please Print Your Information Below)

Thank you for taking time to complete this questionnaire so that we may better serve you.

Client ID: \_\_\_\_\_ Appointment Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Marital Status on Dec 31<sup>st</sup>:  Single  Married  Separated  Divorced  Widow(er)

Name: \_\_\_\_\_  
(last) (first) PRIMARY TAXPAYER / HUSBAND (first) SPOUSE / WIFE

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
TAXPAYER SPOUSE

Date of Birth: TAXPAYER \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SPOUSE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Phone: (\_\_\_\_) \_\_\_\_\_ \*

TAXPAYER Cell Phone: (\_\_\_\_) \_\_\_\_\_ SPOUSE Cell Phone: (\_\_\_\_) \_\_\_\_\_

TP E-mail: \_\_\_\_\_ \* SP E-mail: \_\_\_\_\_ \*

TP Biz Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ SP Biz Phone: (\_\_\_\_) \_\_\_\_\_

\*NOTE: Provide FAX Number & E-mail address(es) that can receive CONFIDENTIAL INFORMATION

## Dependent Children:

- 1) \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(First Name) (Last Name) mm dd yy
- 2) \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(First Name) (Last Name) mm dd yy
- 3) \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(First Name) (Last Name) mm dd yy

## Other Dependents:

- 4) \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(First Name) (Last Name) mm dd yy

Remarks: \_\_\_\_\_  
\_\_\_\_\_

- |  |     |    |
|--|-----|----|
| 1. Did we prepare your taxes last year?                        | YES | NO |
| 2. Do you own a business or sell a home, stock or mutual fund? | YES | NO |
| 3. Do you have retirement income?                              | YES | NO |
| 4. Do you own a corporation, partnership or Trust?             | YES | NO |

## Please tell us what prompted your visit

Please check all that apply...

- Internet: Site \_\_\_\_\_  You Saw Our Building / Sign \_\_\_\_\_  Newspaper Ad \_\_\_\_\_
- Phone Book Ad \_\_\_\_\_  We are in your neighborhood \_\_\_\_\_  Direct Mail Brochure \_\_\_\_\_
- You were referred to us by: \_\_\_\_\_  
 friend  relative  business associate

This information is for Associated Accounting & Tax Services ONLY. We do not sell this information to private companies, nor do we share this information for public use, spam, and/or solicitation. However, we may send you special offers, newsletters, etc. from our organization ONLY.