



## New Client Information Sheet

Please be aware that you must provide a copy of your most recently filed tax return.

| PERSONAL INFORMATION   |  |   |   |
|--|--|---|---|
| Taxpayer Name (first, last):   |  |   |   |
| Date of Birth:   |  | Social Security #:  |   |
| Spouse Name (first, last):   |  |   |   |
| Date of Birth:   |  | Social Security #:  |   |
| Home Phone #:  |  | Cell Phone #:   |   |
| E-mail:  |  |   |   |
| Street Address:  |  | City, State ZIP Code:   |   |
| <b>Filing Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Head of Household <input type="checkbox"/> Married Filing Separate |  |   |   |
| <b>Dependents (if applicable):</b>   |  |   |   |
| Name:  |  | Date of Birth:  | Social Security #:  |
| Name:  |  | Date of Birth:  | Social Security #:  |
| Name:  |  | Date of Birth:  | Social Security #:  |
| BUSINESS INFORMATION (IF APPLICABLE)   |  |   |   |
| <b>Preferred method of contact:</b>  | <input type="checkbox"/> Home Phone                                  | <input type="checkbox"/> Cell Phone   | <input type="checkbox"/> Email  |
| <b>What Tax Services are you interested in?</b>  | <input type="checkbox"/> 1040<br><input type="checkbox"/> 1120/1120S | <input type="checkbox"/> Bookkeeping<br><input type="checkbox"/> IRS Resolution | <input type="checkbox"/> Tax Planning<br><input type="checkbox"/> Financial Planning    |
| <b>How would you like to receive your completed tax return?</b>  | <input type="checkbox"/> Printed copy (requires pickup)              | <input type="checkbox"/> E-mailed Copy  | <input type="checkbox"/> Mailed Copy  |
| <b>How did you hear about us?</b>  | <input type="checkbox"/> Walk-In<br><input type="checkbox"/> Website | <input type="checkbox"/> Dave Ramsey<br><input type="checkbox"/> Friend/Family  | <input type="checkbox"/> North Naples Neighbors<br><input type="checkbox"/> Other _____ |
| BUSINESS INFORMATION (IF APPLICABLE)   |  |   |   |
| Business Name:   |  | EIN #:  |   |
| Phone #:   |  |   |   |
| E-mail:  |  |   |   |
| Street Address:  |  | City, State ZIP Code:   |   |

**\*\*OFFICE USE ONLY\*\***

Drop-off Date: \_\_\_\_\_ Projected Completion Date: \_\_\_\_\_ Cost Estimate: \_\_\_\_\_ Assigned Preparer: \_\_\_\_\_