



# NEW CLIENT FORM

1. Personal Information				
Name	SSN	Date of Birth	Occupation	Phone
Tax Payer				
Spouse				
Street Address	City	State	Zip	Home Phone
Email Address				

	<u>Tax Payer</u>	<u>Spouse</u>	<u>Marital Status</u>	
Blind	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Married	Will File Joint: <input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single	
Pres. Campaign Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Widow(er)	Date of Spouses Death: _____

2. Dependents (Children & Others)								
Name (First & Last)	Relationship	Date of Birth	Months Lived With You	SSN	Disabled	FT Student	Depts. Gross Income	ID Protection PIN

### 3. Questions - Please answer the following questions to determine maximum deductions.

1. Are you self-employed or do you receive hobby income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Do you have a foreign bank account, trust or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did you receive income from raising animals or crops?	<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Do you provide a home for or help support anyone not listed in Section 2 above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Did you receive rent from real estate or other property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Did you receive any correspondence from the IRS or State Department of Taxation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, or patents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Were there any births, deaths, marriages, divorces, or adoptions in your immediate family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Did you withdrawn or write checks from a mutual fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Did you give a gift of more than \$15,000 to one or more people?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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11. Did you have any debts cancelled, forgiven or refinanced?  Yes  No

12. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year?  Yes  No

13. Did you pay you expenses for yourself, your spouse or your dependent to attend classes beyond high school?  Yes  No

**4. How did you hear about us?**

- Road Sign
- Walk In
- Road Sign
- Returning Client (Previous Years)
- Other: \_\_\_\_\_

- Refer-A-Friend
- Who referred you?  
Name: \_\_\_\_\_
- Were you referred to a specific preparer? \_\_\_\_\_