

Date: _____

TAXPAYER INFO

Name: _____ Occupation: _____

SS #: _____ DOB: _____ Cell #: _____

Email Address: _____

Physical Address: _____

SPOUSE INFO

Name: _____ Occupation: _____

SS #: _____ DOB: _____ Cell #: _____

Email Address: _____

DEPENDENTS INFO

Name: _____ SS #: _____ DOB: _____

Name: _____ SS #: _____ DOB: _____

Name: _____ SS #: _____ DOB: _____

Name: _____ SS #: _____ DOB: _____

Do you have an LLC for any business or rental income? _____ Yes _____ No

Provide the following documents, if applicable:

- *Copies of 3 years' previous tax returns with depreciation records and basis schedules*
- *Copies of driver licenses for taxpayer and spouse*
- *Copies of social security cards for all taxpayer, spouse and all dependents*

Purpose of Meeting

_____ Tax Return Preparation _____ Tax Consultation _____ Business Consultation
_____ Payroll Services _____ Bookkeeping Services _____ Sales Tax Services

How did you hear about us?

_____ Our Website _____ Google _____ Facebook _____ BBB
_____ Word of Mouth (Please list name so we can thank them!) _____