



Individual Tax Client Data Sheet

NEW -or- UPDATE

 [TODAY'S DATE]

Taxpayer

Spouse

First Name & Mid Init _____
 Last Name _____
 SSN _____
 Date of Birth _____
 Occupation _____

Federal Elections Campaign Fund? Yes No
 Dependent of Another Person? Yes No
 Blind or disabled? Yes No

Yes No
 Yes No
 Yes No

Marital Status: Single Married Separated Divorced

In Care of: _____

Street Address _____ PO Box _____ Apt # _____
 City _____ State _____ ZIP Code _____
 Live in City Limits? Yes No County _____ School District _____

Moved this year or in the current tax year?
 Yes Date Moved _____ From (City/State) _____
 No To (City/State) _____

Taxpayer

Spouse

Mobile Phone _____
 Home Phone _____
 Email Address _____

Driver's License or State Photo ID Please provide a current copy N/A

Please provide a current copy N/A

Dependent 1

Dependent 2

Dependent 3

Dependent 4

First Name and Initial _____
 Last Name _____
 SSN _____
 Date of Birth _____
 Relationship _____
 Blind or Disabled - Y/N _____

How did you hear of our office? Name of person who referred you?

Special issues you would like to discuss or other comments:

FOR OFFICE USE ONLY

Admin Checklist:

- Create IT Record
- Update File Path
- Create File Folder
- Create Portal
- Add to Go Daddy
- Assign Service Tasks
- To - Onboarding

Client # _____