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## 2010 New Client Information

Taxpayer							
First Name	MI	Last Name					
Social Security #			Home Phone				
Occupation			Work Phone				
Date of Birth			Cell Phone				
2009 PFD <input type="checkbox"/> Yes <input type="checkbox"/> No			Email				
Spouse							
First Name	MI	Last Name					
SSN			Home Phone				
Occupation			Work Phone				
Date of Birth			Cell Phone				
2009 PFD <input type="checkbox"/> Yes <input type="checkbox"/> No			Email				
Address							
Address							
City		State		Zip			
Dependents							
First Name	MI	Last Name	Date of Birth	SSN	Relationship	Months in Home	PFD?
Use other side for additional dependents.							
Additional Information							
Direct Deposit <input type="checkbox"/> Yes <input type="checkbox"/> No		Bank Name				<input type="checkbox"/> Checking	
Account #			Routing #			<input type="checkbox"/> Savings	

Unemployment received	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Please provide records as applicable:</b> W-2 : 1099 : 1098 : K-1 : self-employment income and expenses : charitable contributions : stocks bought and sold, etc
Bought / Sold property	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contribute to IRA	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pay tuition fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pay student loans	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Own your own home	<input type="checkbox"/> Yes <input type="checkbox"/> No	

I authorize the above information to be used for the preparation of my \_\_\_\_\_ income tax return.

Tax Payer \_\_\_\_\_ Spouse \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_