

BEAVERCREEK TAX SERVICE

NEW CLIENT INFORMATION SHEET

NOTE: ALL NAMES SHOULD BE WRITTEN AS SHOWN ON SOCIAL SECURITY CARD

NOTE: REMINDER FOR NEW CLIENTS: *We will need PRIOR YEAR'S TAX RETURN.*

TAXPAYER'S NAME: LAST _____ FIRST _____ MI _____
Social Security Number _____ - _____ - _____ Date of Birth ____/____/____
Occupation: _____ Phone No. _____
Email address: _____
Street Address: _____
City _____ State _____ Zip _____

MARITAL STATUS: (circle one) SINGLE MARRIED SEPARATED OTHER: _____

IF MARRIED, PLEASE FILL OUT SECTION BELOW:

SPOUSE'S NAME: LAST _____ FIRST _____ MI _____
Social Security Number _____ - _____ - _____ Date of Birth ____/____/____
Occupation: _____ Phone No. _____

DEPENDENTS:

FULL NAME _____ Relationship to Taxpayer _____
Social Security Number _____ - _____ - _____ Date of Birth ____/____/____
Months in Home _____

FULL NAME _____ Relationship to Taxpayer _____
Social Security Number _____ - _____ - _____ Date of Birth ____/____/____
Months in Home _____

FULL NAME _____ Relationship to Taxpayer _____
Social Security Number _____ - _____ - _____ Date of Birth ____/____/____
Months in Home _____

Dependent age 19 – 24 in school last year? **Yes / No**

Dependent working and have Taxable Income (>\$5,200) and did they file their return? **Yes / No**

HOW DID YOU HEAR ABOUT US? Referred By: _____ Coupon, Internet, etc. _____

ALL INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____

