

NEW CLIENT/DROP-OFF TAX CLIENT INFORMATION FORM

Date: _____ Referred By: _____

Client Name: _____ Spouse's Name: _____

SS# _____ D.O.B.: _____ Spouse's SS# _____ D.O.B. _____

Occupation _____ Spouse's Occupation _____

Client Address: _____

Phone# _____ Cellular# _____

Email _____ Spouse's Cell _____

Spouse's or Alternate Email _____

DL# _____ Issue Date _____ Expiration Date _____

Spouse DL# _____ Issue Date _____ Expiration Date _____

Dependent's Name _____ Date of Birth _____ SSN: _____

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Dependent's Name _____ Date of Birth _____ SSN: _____

Would you like direct deposit of any refunds into your bank account? YES ___ NO ___

If yes, please provide:

Bank Name _____

Type of Account: Checking ___ Savings ___

Bank Routing # _____ Account # _____

Did you pay any estimated tax payments to IRS and/or NJ? YES ___ NO ___

If yes, please list the date paid and amounts below:

IRS	1 st Payment _____	NJ	1 st Payment _____
	2 nd Payment _____		2 nd Payment _____
	3 rd Payment _____		3 rd Payment _____
	4 th Payment _____		4 th Payment _____