

**New Client Acceptance Form
Individual**

(T) First Name _____ Middle _____ Last Name _____

(S) First Name _____ Middle _____ Last Name _____

Address _____

City _____ State _____ Zipcode _____

Phone # _____ Cell _____

Email _____

DOB (T) _____ DOB (S) _____

SS# (T) _____ SS# (S) _____

Occupation (T) _____ Occupation (S) _____

Filing Status - Circle one - (Married Filing Joint / Married Filing Separate / Single / Head of Household / Qualifying Widow(er))

Married filing separate, did the taxpayer and Spouse live together (Y/N)? _____

HOH Qualifying Child Name _____ Child SS# _____

State(s) Filed in Prior Year _____ Copy of Prior Years Return Provided (Y/N) _____

Have all prior Years Federal & State Returns been filed? (Y / N) _____

If No, Explain _____

Is the taxpayer deceased (Y/N)? _____ Date of Death (if applicable) _____

Is the spouse deceased (Y/N)? _____ Date of Death (if applicable) _____

Own a home (Y/N)? _____ Own Rental Properties (Y/N)? _____

Own Investments (Y/N)? _____ Own a business (Y/N)? _____

Dependents

Name (First, M, Last)	Relationship	SS#	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Referred by: _____

Drivers License Detail (or state id)

Taxpayer:

Issuing State _____

License number _____

Issue date _____

Expiration date _____

State Document number* _____

Spouse:

Issuing State _____

License number _____

Issue date _____

Expiration date _____

State Document number* _____

* The NY document number is the 8 or 10 digit number at the bottom of the NY license (or NY state id) or on the back if it was issued after January 28, 2014.