

New Client Information Sheet

Taxpayer Name (First name, Middle Initial, Last Name): _____

Spouse Name (First name, Middle Initial, Last Name): _____

Address: _____

Taxpayer Occupation: _____

Spouse Occupation: _____

Taxpayer DOB: _____

Spouse DOB: _____

Daytime Phone Taxpayer: _____

Daytime Phone Spouse: _____

Home Phone: _____

Preferred method of contact: _____

Taxpayer Cell: _____

Taxpayer cell phone carrier: _____

Spouse Cell: _____

Spouse cell phone carrier: _____

Taxpayer Email: _____

Taxpayer SSN: _____

Spouse Email: _____

Spouse SSN: _____

Dependents: Name: _____

Name: _____

DOB: _____

DOB: _____

SSN: _____

SSN: _____

Name: _____

Name: _____

DOB: _____

DOB: _____

SSN: _____

SSN: _____

I consent to receiving text messages from Sudol Tax & Accounting, PLC.

Signed:

Taxpayer

Date

Spouse

Date