

## NEW CLIENT INTAKE

Please provide your prior 2-years' tax return for each individual and business in your group. If we will be doing your business' tax return, please provide your prior 2 years' tax return and depreciation schedules and basis worksheets.

	Taxpayer	Spouse
Legal Name		
Email address		
DOB		
SSN		
Mailing Address		
Phone Number- cell for sms		

Dependents Name	DOB	SSN	Relationship

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Office Use:

Our fees for service \_\_\_\_\_