



## NEW TAX CLIENT INTAKE FORM

### Primary Individual (Taxpayer)

### Secondary Individual (Spouse)

Full Name:	
Date Of Birth:	
Social Security Number:	
Cell Phone Number:	
Email Address:	

Full Name:	
Date Of Birth:	
Social Security Number:	
Cell Phone Number:	
Email Address:	

***Please provide the front desk employee with your Driver's License so we can make a copy for your file***

Address:	
Home Phone:	

**(PLEASE CIRCLE YOUR PRIMARY PHONE NUMBER & EMAIL)**

**Preferred method of contact :**    Letter    Email    Text Message # \_\_\_\_\_

### Dependent Information

Dependent 1:		Birth Date:		Social Security #:	
Dependent 2:		Birth Date:		Social Security #:	
Dependent 3:		Birth Date:		Social Security #:	
Dependent 4:		Birth Date:		Social Security #:	

**How did you hear about us?** \_\_\_\_\_

*If referred by a friend or family member, please be sure to include their name to ensure they receive a gift certificate as our way of saying Thank You!*

### FOR ADMINISTRATIVE USE ONLY

**Preparer:**    Christian Benard    Mark Ducharme    Dennis Taylor    Winnie Rockentine    Bridget Hockenberry

Date Called:

Date Picked Up: \_\_\_\_\_      Or Date Mailed: \_\_\_\_\_

Payment: \$ \_\_\_\_\_       Cash    Check # \_\_\_\_\_    Credit Card \_\_\_\_\_

E-Filed

E-File Accepted