

INDIVIDUAL - 1040

CLIENT - NEW CLIENT SETUP - PV.xls 1040 TAX PREP
12/8/2012 12:25 PM

Taxpayer _____ Soc Sec # _____ Dob: _____
Spouse _____ Soc Sec # _____ Dob: _____
Address _____
City State, Zip _____

OCCUPATION

Taxpayer _____
Spouse _____

PHONE

Wk () _____
Hm () _____
Fax () _____
Cell () _____

email: _____
email: _____

DEPENDANT INFORMATION:

NAME

_____ Soc Sec # _____ Dob: _____
_____ Soc Sec # _____ Dob: _____
_____ Soc Sec # _____ Dob: _____
_____ Soc Sec # _____ Dob: _____
_____ Soc Sec # _____ Dob: _____

Provide copies of prior year tax returns: Yrs _____
Prior accountant: _____ Ph: _____
Attorney: _____ Ph: _____
Investment advisor: _____ Ph: _____
Referred by: _____ Ph: _____

TAX ACCOUNT NUMBERS:

Locality name _____ Local tax account #: _____
School District name for Ohio tax purposes: _____

Federal ID No. _____

NOTES

