

NEW CLIENT INFORMATION - INDIVIDUAL

Name _____
First Middle Initial Last

Date of Birth _____ SSN _____

Phone _____
Home Work

Cell _____ Email Address _____

Address _____
Street City State Zip

Please circle preferred method of contact – phone, email or text.

Spouse _____
First Middle Initial Last

Date of Birth _____ SSN _____

Phone _____
Home Work

Cell _____ Email Address _____

Please circle preferred method of contact – phone, email or text.

<u>Dependent(s) Name</u>	<u>DOB</u>	<u>SSN</u>	<u>Reside at above Address</u>	
_____	_____	_____	Yes	No
First Middle Initial Last				
_____	_____	_____	Yes	No
First Middle Initial Last				
_____	_____	_____	Yes	No
First Middle Initial Last				

Place a check mark by the types of services which you are interested.

- | | |
|--|--|
| <input type="checkbox"/> Individual Tax Return Preparation | <input type="checkbox"/> Compilation and Review Services |
| <input type="checkbox"/> Business Tax Return Preparation | <input type="checkbox"/> Consultation Services |
| <input type="checkbox"/> Sales Tax Return Preparation | <input type="checkbox"/> IRS Notices |
| <input type="checkbox"/> Payroll Tax Return Preparation | <input type="checkbox"/> Other |
| <input type="checkbox"/> State Tax Return(s) incl Texas Franchise Report | |

Miscellaneous Information

I hereby give my consent for Rebecca Tucker, CPA and its employees to email questions and/or confidential information to the above email addresses.

Signature(s): _____

Date: _____