

NEW CLIENT DATA FORM
[PLEASE PRINT CLEARLY]

1. TAXPAYER _____ BIRTHDATE: ___ / ___ / ___
SSN _____
OCCUPATION _____

2. SPOUSE _____ BIRTHDATE: ___ / ___ / ___
SSN _____
OCCUPATION _____

3. DEPENDANT _____ BIRTHDATE: ___ / ___ / ___
SSN _____
RELATIONSHIP _____

4. DEPENDANT _____ BIRTHDATE: ___ / ___ / ___
SSN _____
RELATIONSHIP _____

5. DEPENDANT _____ BIRTHDATE: ___ / ___ / ___
SSN _____
RELATIONSHIP _____

6. DEPENDANT _____ BIRTHDATE: ___ / ___ / ___
SSN _____
RELATIONSHIP _____

7. ADDRESS STREET _____
8. ADDRESS CITY, STATE, Z IP _____

COUNTY: _____ / SCHOOL DISTRICT: _____
(WHERE YOU LIVE)

9. TELEPHONE (Work) _____
10. TELEPHONE (Home) _____
11. TELEPHONE (Cell) _____
12. FAX NUMBER _____
13. EMAIL ADDRESS _____

14. HOW REFERRED TO RG? _____
15. REVIEWED WEBSITE? _____
16. PRIOR YEAR'S TAX RETURN PRESENT? _____