

**CARSON & MCKINNEY, CPAs, PLLC**

**NEW CLIENT INFORMATION**

TODAY'S DATE: \_\_\_\_\_

**YOURSELF**

**SPOUSE**

FULL NAME: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PHONE NUMBERS**

CELL: \_\_\_\_\_ HOME: \_\_\_\_\_

CELL: \_\_\_\_\_ HOME: \_\_\_\_\_

WORK: \_\_\_\_\_

WORK: \_\_\_\_\_

HOME E-MAIL: \_\_\_\_\_

HOME E-MAIL: \_\_\_\_\_

WORK E-MAIL: \_\_\_\_\_

WORK E-MAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TAX FILING STATUS:  SINGLE

MARRIED FILING JOINT

MARRIED FILING SEPARATE

**DEPENDENTS**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

DO YOU HAVE A PREVIOUS YEAR TAX RETURN? \_\_\_\_\_

TYPE OF SERVICE REQUIRED: \_\_\_\_\_

DO YOU ANTICIPATE IRS PROBLEMS? \_\_\_\_\_

HOW DID YOU HEAR OF US? \_\_\_\_\_