

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? _____