



SKMB^{P.A.}

NEW INDIVIDUAL CLIENT INFORMATION SHEET

Taxpayer Information

First Name: _____ M.I. ____ Last Name: _____

Date of Birth: ___/___/____ Social Security Number: _____

Occupation: _____ Best Contact Method: Home Work Cell E-Mail

Home Phone #: _____ Cell Phone # _____

Work Phone # _____

E-Mail: _____

Street Address: _____

City: _____ County/City of: _____ State: _____ Zip _____

Spouse Taxpayer Information:

First Name: _____ M.I. ____ Last Name: _____

Date of Birth: ___/___/____ Social Security Number: _____

Occupation: _____ Best Contact Method: Home Work Cell E-Mail

Home Phone #: _____ Cell Phone # _____

Work Phone # _____

E-Mail: _____

Filing Status: ___ Single ___ Married-Joint ___ Married-Separate ___ Head of Household ___ Widow

Bank Information for Direct Deposit:

Name of Financial Institution: _____

Checking or Savings

Routing Number _____ Account Number _____

How did you hear about us? _____

Would you like to receive our monthly newsletter? _____

Would you like access to our online secure portal? _____

Please bring two years' prior tax returns, thank you.



SKMB^{P.A.}

Dependent Information – Names MUST be listed as they appear on Social Security Card)

1.

First Name _____ M.I. ____ Last Name _____

Date of Birth: ___/___/_____ Social Security Number: _____

Relationship: _____ Can you claim every year? ____ If no, odd or even years _____

2.

First Name _____ M.I. ____ Last Name _____

Date of Birth: ___/___/_____ Social Security Number: _____

Relationship: _____ Can you claim every year? ____ If no, odd or even years _____

3.

First Name _____ M.I. ____ Last Name _____

Date of Birth: ___/___/_____ Social Security Number: _____

Relationship: _____ Can you claim every year? ____ If no, odd or even years _____

If need more space, please list on separate sheet of paper.

OFFICE USE ONLY

Responsible Partner: _____ Responsible Accountant _____

Fees discussed and agreed upon are as follows:

Services to be provided by firm:

Client Number: _____

Client information entered into systems and client number assigned: _____

Secure Portal Setup (if applicable): _____

Two years Tax Returns received and saved to eFileCabinet: _____