

JOHNSON, SLAUGHTER, DRIVER & NORTHCUTT, P.A.

**NEW CLIENT INFORMATION SHEET
INDIVIDUAL**

Date: _____

Internal Use	
Client Number:	_____
Partner:	_____
Preparer:	_____

Please print the following information:

Taxpayer	
Name:	_____
SSN:	_____
Driver's License #	_____
Issue Date:	_____ Exp. Date _____
Date of Birth:	_____
Date of Death:	_____

Spouse	
Name:	_____
SSN:	_____
Driver's License #	_____
Issue Date:	_____ Exp. Date _____
Date of Birth:	_____
Date of Death:	_____

Address: _____

Mailing Address: _____

(if different) _____

E-Mail: _____

Telephone: () _____

Work: () _____ Fax: () _____

How did you hear about our firm? _____

Who may we thank for referring you? _____

Filing Status:

- () Single () Head of Household
- () Married, Filing Jointly () Qualifying Widow(er)
- () Married, Filing Separately

Dependent Information:

Name	Relationship	Social Security No.	Date of Birth
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

PLEASE PROVIDE YOUR PRIOR YEAR FEDERAL AND STATE TAX RETURN.

For Internal Use Only	
<u>Services to Provide:</u>	
() Income Tax Return	() Estate Planning
() Amended Tax Return	() Tax Planning
() BPPR	() Personal F/S
() Entity Options	() Other: _____