

New Client Information Sheet – Page 1

PRIMARY TAXPAYER: *Please list Name as shown on Social Security Card*

Name: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____

Are you married? Yes No

SPOUSE: *Please list Name as shown on Social Security Card*

Name: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____

DEPENDENTS: *Please list Name(s) as shown on Social Security Card*

Name: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____ Relationship: _____

Name: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____ Relationship: _____

Name: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____ Relationship: _____

CONTACT INFO:

Home Address: _____

City: _____ ST: ____ ZIP: _____

Mailing Address: _____

City: _____ ST: ____ ZIP: _____

Phone Number(s): Home: (____) _____ - _____ Cell: (____) _____ - _____

Work: (____) _____ - _____ Fax: (____) _____ - _____

Please circle the best number for us to use to reach you.

Email: _____

New Client Information Sheet – Page 2

BUSINESS INFORMATION: N/A

Legal Name: _____

DBA: _____

EIN: ____ - _____ Entity: Corp S-Corp Partnership Sole-Prop

Nature of Business: _____

BUSINESS CONTACT INFO:

Physical Address: _____

City: _____ ST: ____ ZIP: _____

Mailing Address: _____

City: _____ ST: ____ ZIP: _____

Phone Number(s): Home: (____) ____ - _____ Cell: (____) ____ - _____

Work: (____) ____ - _____ Fax: (____) ____ - _____

Email: _____

Website: _____

Who referred you to Small Business Group? _____