

DATE: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

# Hoods

TAX & ACCOUNTING

## INDIVIDUAL CLIENT INFORMATION

### TAXPAYER Information

Name: \_\_\_\_\_

Date of Birth: _____	SSN: _____	Phone: _____
Occupation: _____	Email Address: _____	
Current Address: _____		
City: _____	State: _____	Zip Code: _____

### SPOUSE Information

Name: \_\_\_\_\_

Date of Birth: _____	SSN: _____	Phone: _____
Occupation: _____	Email Address: _____	

### OTHER Information

Previous Tax Preparer: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### DEPENDENT Information

Name	SSN	DOB	Child Care

### OTHER

Current Tax Issues / Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_