

Davis Accounting Services
New Tax Client Form

Date: _____

Taxpayer Name: _____ D.O.B _____

SS# _____

Spouse Name: _____ D.O.B _____

SS# _____

Mailing Address: _____

City State Zip

Taxpayer Phone: _____

Email: _____

Spouse Phone: _____

Email: _____

Account for refund/payment Routing # Account # _____

<u>Filing status (circle one)</u>	Single	Married Filing Separate	Married filing jointly	Head of Household
<u>Student (circle one)</u>	yes	no		
<u>Disabled (circle one)</u>	yes	no		
<u>Can someone claim you as a dependent? (circle one)</u>	yes	no		

Dependents: _____ SSN _____ D.O.B. _____
_____ SSN _____ D.O.B. _____
_____ SSN _____ D.O.B. _____
_____ SSN _____ D.O.B. _____
_____ SSN _____ D.O.B. _____
_____ SSN _____ D.O.B. _____

How did you hear about us? _____

Do you have any questions you would like answered today? _____

Office use only, please do not write below this line

Notes: _____

Prior Year Tax Return _____

Copy Drivers License _____

Quote: _____