

The House of Taxes New Client Intake Form

Personal Information

Full Name: _____ SS#: _____

Date of Birth: _____ Occupation: _____

Marital Status: Married Divorced Separated (Date): _____

Widowed (Date): _____ Single

Are you a non-custodial parent? Yes No *If yes please enter your child's info below.*

Spouse Info

Full Name: _____ SS#: _____

Date of Birth: _____ Occupation: _____

Dependents

<u>Full Name</u>	<u>Date of Birth</u>	<u>SSN</u>	<u>Relationship to You</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Contact Info

<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
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<u>Home Phone</u>	<u>Bus. Phone</u>	<u>Cell</u>
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