



# New Client Information Sheet

Did you file with R&R last year?  Yes  No

## Primary Taxpayer Information

Current Occupation:

|                         |            |              |               |                   |
|-------------------------|------------|--------------|---------------|-------------------|
| First Name              | M.I.       | Last Name    | Date of Birth | Social Security # |
| Home Address            |            | City         | State         | Zip Code          |
| Work Phone              | Home Phone |              | Cell Phone    |                   |
| Additional Contact Name |            | Relationship | Phone         |                   |

## Spouse's Information

Current Occupation:

|                         |      |              |               |                   |
|-------------------------|------|--------------|---------------|-------------------|
| First Name              | M.I. | Last Name    | Date of Birth | Social Security # |
| Work Phone              |      | Home Phone   | Cell Phone    |                   |
| Additional Contact Name |      | Relationship | Phone         |                   |

Filing Status  Single  Married Joint  Married Separate  Head of Household  Qualifying Widow

## Dependent Information (Names MUST be listed as they appear on the Social Security Card)

| Name | Date of Birth | Age | If 19 or Older  | Social Security # | Relationship |
|------|---------------|-----|---|-------------------|--------------|
|      |               |     | <input type="checkbox"/> Student<br><input type="checkbox"/> Disabled |                   |              |
|      |               |     | <input type="checkbox"/> Student<br><input type="checkbox"/> Disabled |                   |              |
|      |               |     | <input type="checkbox"/> Student<br><input type="checkbox"/> Disabled |                   |              |
|      |               |     | <input type="checkbox"/> Student<br><input type="checkbox"/> Disabled |                   |              |
|      |               |     | <input type="checkbox"/> Student<br><input type="checkbox"/> Disabled |                   |              |
|      |               |     | <input type="checkbox"/> Student<br><input type="checkbox"/> Disabled |                   |              |

## Daycare Information

| Provider Name | Address | Fed. ID # | Child's Name | Amount Paid |
|---------------|---------|-----------|--------------|-------------|
|               |         |           |              |             |
|               |         |           |              |             |

## Miscellaneous Information – Please Check Yes or No

Is anyone claiming you on their tax return?  Yes  No

Did you file a 2008 tax return?  Yes  No

Do you owe any delinquent student loans, child support, alimony, or taxes from prior tax years?  Yes  No

Do you have any home mortgage interest?  Yes  No

Are we preparing your Alabama State tax return?  Yes  No

If you have state returns to be filed other than Alabama, please list: \_\_\_\_\_

Did you buy a home after April 8, 2008?  Yes  No

If so did you own a home prior to this purchase? (05, 06, 07)?  Yes  No

If so, did you pay real estate property taxes in 08  yes  No

I hereby certify that the information provided above is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_