

Client Information Update

Taxpayer Information:

First Name: _____ Last Name _____
Address: _____ City _____ State _____ Zip _____
Driver's License Number: _____ State Issued: _____
Issue Date: ____/____/____ Expiration Date: ____/____/____
E-mail: _____
Home: ____-____-____ Work: ____-____-____ Cell: ____-____-____

*Please check preferred method of contact: E-mail Home Work Cell

Spouse Information:

First Name: _____ Last Name _____
Address: _____ City _____ State _____ Zip _____
Driver's License Number: _____ State Issued: _____
Issue Date: ____/____/____ Expiration Date: ____/____/____
E-mail: _____
Home: ____-____-____ Work: ____-____-____ Cell: ____-____-____

*Please check preferred method of contact: E-mail Home Work Cell

Who do you prefer we list as the main contact? Please check one: Self Spouse
If you prefer we contact someone other than yourself or your spouse please call our office.

Dependents:

*Be prepared to provide social security numbers for new dependents with your 2018 tax info.

Dependents Full Name: _____ Relationship _____
Date of Birth ____/____/____
Dependents Full Name: _____ Relationship _____
Date of Birth ____/____/____
Dependents Full Name: _____ Relationship _____
Date of Birth ____/____/____

*Please fill out the form in its entirety so we may ensure our records are accurate.

*The IRS **requires** Driver's License or State Identification information for all tax filings.

*If you have an active Client Portal you can log in and update your information there.