

2022 NEW CLIENT WORKSHEET

Referred By: _____

* Please fill out **BOTH SIDES** of this worksheet. Thank you! *

Taxpayer's Info

Spouse's Info

Name		
SSN		
Date of Birth		
Date of Death (if applicable)		
Occupation		
Phone Number		

Driver's License or Other State Issued ID Information:

Number		
State Issued		
Issue Date (iss)		
Expiration Date (exp)		

Address _____

School District _____ Municipality _____

Did you move in 2022? Yes No If yes: Date of Move _____

Dependent(s) Information (if applicable; list additional dependents on a separate page if necessary):

<u>Name</u>	<u>Relationship*</u>	<u>Full Time College Student</u>	<u>DOB</u>	<u>SSN</u>
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		

*If child, please indicate Daughter (D) or Son (S)

**Please include any children born in 2021 or 2022; Please only include the dependents you choose to claim

MUST provide documentation verifying each dependent lived with you at your address

