

Client Information Sheet-Individual

In order to keep our files current, please fill out all sections.

Today's Date: _____

Your Full Name: _____

SS #: _____

Birth Date: _____

Occupation: _____

Employer: _____

Cell Phone: _____

Work Phone: _____

Fax: _____

Drivers License #: _____ State: _____

Issued Date: _____ Expiration Date: _____

Email: _____

Home Phone: _____

Spouse Full Name: _____

SS #: _____

Birth Date: _____

Occupation: _____

Employer: _____

Cell Phone: _____

Work Phone: _____

Fax: _____

Drivers License #: _____ State: _____

Issued Date: _____ Expiration Date: _____

Email: _____

Anniversary: _____

Physical Address: _____

Billing Address: (If different than physical address)

Attn: _____

Address: _____

Dependent's Name	Dependent's SS Number	Dependent's Birth Date

What type of help do you need (circle all that apply)? Tax / Accounting / Payroll/ Business Development / Other _____.

Do you have ownership or are a beneficiary in any of the following (circle all that apply)?

Sole Proprietorship / Partnership / C Corporation / S Corporation / Trust / Other

Refund: If you are receiving a refund and would like it electronically deposited, please provide us with a voided check.

How did you hear about The McKillip Group CPAs? (Referral from _____, Internet, Advertisement in _____, Other (please explain): _____)

Would you like to receive our firm's newsletter of tax tips? Yes No

Internal Use Only:

() Added to Tax Software () Added to Client List () Added to Newsletter () Added to QBs