

# PIM Tax New Client Information



Please complete as much of this form as is applicable. If you have any questions, you can either leave a field blank or give us a call at (757) 407-4189 and we'll figure it out with you. When complete, print this and bring it with you for your first consultation.

Your Last Name                                      Your First Name                                      Your Middle Name

Your Social Security Number

Your Date of Birth

Your Driver's License Number

Date Issued

Date of Expiration

State of Issue

Spouse's Last Name

Spouse's First Name

Spouse's Middle Name

Spouse's Social Security Number

Spouse's Date of Birth

Your Driver's License Number

Date Issued

Date of Expiration

State of Issue

Street Address

City

State

ZIP Code

Phone Number

Type

E-mail Address

Filing Status

## DEPENDENTS

Last Name                                      First Name                                      Middle Name

Social Security Number

Date of Birth

Last Name

First Name

Middle Name

Social Security Number

Date of Birth

Last Name

First Name

Middle Name

Social Security Number

Date of Birth

Last Name

First Name

Middle Name

Social Security Number

Date of Birth

## PARTICULARS

Do you pay for child care?

Is anyone on the return a college student?

If so, name(s)

Taxpayer state of residence

Spouse state of residence

Are you active duty, reserve, or retired military?

Do you own the home you live in?

Do you have your own business?

Do you own rental property?

Do you have a copy of your most recently filed tax return?

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If you are entitled to a tax refund and would like it directly deposited to your bank account:

Bank Routing Number

Account number

Account Type

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Notes (Anything else you think we should know?)