



For Your Security

Do not email this form

bring it to your appointment or upload to our portal

NEW CLIENT INFORMATION

Complete as much of this form as possible. If you have any questions, leave it blank or give us a call at (757) 357-1110 and we'll figure it out with you. When complete, print this and bring it with you for your consultation or upload to the portal. DO NOT EMAIL.

YOU

Full Name: _____ Social Security Number: _____
Last First Middle xxx-xx-xxxx format

Date of Birth: _____ Driver's License: _____
mm-dd-yyyy format Number Date Issued Expiry Date State of Issue

SPOUSE

Full Name: _____ Social Security Number: _____
Last First Middle xxx-xx-xxxx format

Date of Birth: _____ Driver's License: _____
mm-dd-yyyy format Number Date issued Date Expired State of Issue

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Email: _____ Phone number: _____

Preferred method of contact: Email Text Call

Filing Status: Single Married Filing Jointly Married Filing Separately Head of Household Unsure Are you or your spouse active or retired military? YES NO

Taxpayer state of residence: _____ Spouse state of residence: _____
(For income taxes) (For income taxes)

Dependents

Full Name: _____ College student? File their own return?
Last First Middle

Date of Birth: _____ Social Security Number: _____

