



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: _____



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

Date of Birth: _____ Social Security Number: _____

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

Date of Birth: _____ Social Security Number: _____

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

Date of Birth: _____ Social Security Number: _____

Other Information

Did you pay for childcare last year? _____ *If yes, how much?*

Did you own a home last year? _____ *If yes, is it your primary residence?*

Business and Rental Information

Did you have a business or "side hustle" last year? _____ *If yes, what type of business?*

Did you own any rental properties last year? _____ *If yes, see "Rental Property Spreadsheet" and attach.*

Do you receive a schedule K-1? Trust Estate S-Corp Partnership

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

Bank Name: _____ Routing number: _____ Account number: _____

What are your primary concerns this tax season?

For office appointments:

Bring this completed form and a copy of your prior year tax return or upload to the portal.

For online appointments:

Complete this form and upload to the portal along with a copy of your prior year tax return.

Address to the portal: www.pimtax.securefilepro.com
 If you have any questions email: admin@pimtax.com