



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: \_\_\_\_\_



College student?      File their own return?  
Full Name: \_\_\_\_\_  
*Last*                                  *First*                                  *Middle*  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

College student?      File their own return?  
Full Name: \_\_\_\_\_  
*Last*                                  *First*                                  *Middle*  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

College student?      File their own return?  
Full Name: \_\_\_\_\_  
*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](http://www.pimtax.securefilepro.com)  
If you have any questions email: [admin@pimtax.com](mailto:admin@pimtax.com)