

New Client Information

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

Taxpayers Name: _____ **DOB:** _____

Spouses Name: _____ **DOB:** _____

Minor Children(s) Name(s): _____ **DOB:** _____

Minor Children(s) Name(s): _____ **DOB:** _____

Minor Children(s) Name(s): _____ **DOB:** _____

Address: _____

City

State

Zip

E-mail Address(s): _____

Telephone Numbers:

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

Refund:

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

Driver's License:

Please provide a copy of your Colorado Driver's License so we can file your tax return electronically.

Computer Files:

() QuickBooks _____ Password _____

How did you hear about us? (check one)

_____ I am a Referral from: _____

_____ I found you on the Internet

_____ Advertisement in: _____

_____ Other (please explain): _____

Internal Use Only:

Entered by: _____ **Date:** _____

() Added to Ultra Tax () Added to Client List () Added to Constant Contact