

# Client Information Sheet-Individual

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

Today's Date: \_\_\_\_\_

Your Full Name: \_\_\_\_\_

SS #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Spouse Full Name: \_\_\_\_\_

SS #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Email: \_\_\_\_\_

Anniversary: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Billing Address: (If different than physical address)

Attn: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dependent's Name	Dependent's SS Number	Dependent's Birth Date

What type of help do you need (circle all that apply)? Tax / Accounting / Financial Planning / Business Development / Other \_\_\_\_\_.

Do you have ownership or are a beneficiary in any of the following (circle all that apply)?

Sole Proprietorship / Partnership / C Corporation / S Corporation / Trust / Other

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

How did you hear about The McKillip Group CPAs? (Referral from \_\_\_\_\_, Internet, Advertisement in \_\_\_\_\_, Other (please explain): \_\_\_\_\_)

Would you like to receive our firm's newsletter of tax tips? Yes No

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## Internal Use Only:

( ) Added to Drake ( ) Added to Client List ( ) Added to Constant Contact ( ) Added to QBs