

# 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 / Payroll/ 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

**Internal Use Only:**

( ) Added to Tax Software ( ) Added to Client List ( ) Added to Newsletter ( ) Added to QBs