

MARK L. SCHMITT, CPA, P.C.

NEW CLIENT INFORMATION: INDIVIDUAL FILE

|                                  |                                |
|----------------------------------|--------------------------------|
| <b>TAXPAYER</b> Full Legal Name: | <b>SPOUSE</b> Full Legal Name: |
|                                  |                                |

|   |                                       |
|---|---------------------------------------|
| <b>TAXPAYER</b> Social Security Number: | <b>SPOUSE</b> Social Security Number: |
|   |                                       |

|  |  |
|--|--|
| <b>TAXPAYER</b> Date of Birth (mm/dd/yyyy format): | <b>SPOUSE</b> Date of Birth (mm/dd/yyyy format): |
|  |  |

|  |
|--|
| <b>HOME ADDRESS</b> STREET ADDRESS / CITY / STATE / ZIPCODE: |
|  |

|   |
|---|
| <b>MAILING ADDRESS</b> (if different from above): |
|   |

|                   |  |
|-------------------|--|
| <b>HOME PHONE</b> |  |
|-------------------|--|

| <b>TAXPAYER</b> Additional Contact Information |  |
|--|--|
| Cell Phone                                     |  |
| Work Phone                                     |  |
| Email  |  |
| Fax  |  |

| <b>SPOUSE</b> Additional Contact Information |  |
|--|--|
| Cell Phone                                   |  |
| Work Phone                                   |  |
| Email  |  |
| Fax  |  |

|   |                                    |                                |                               |                              |
|---|------------------------------------|--------------------------------|-------------------------------|------------------------------|
| <b>PREFERRED METHOD OF CONTACT</b> (Check One): | <input type="checkbox"/> Telephone | <input type="checkbox"/> Email | <input type="checkbox"/> Mail | <input type="checkbox"/> Fax |
|---|------------------------------------|--------------------------------|-------------------------------|------------------------------|

| <b>FULL NAMES OF CHILDREN TO BE INCLUDED</b> | <b>BIRTHDATE</b> (mm/dd/yyyy) | <b>SSN</b> |
|--|-------------------------------|------------|
|  |                               |            |
|  |                               |            |
|  |                               |            |
|  |                               |            |

|   |
|---|
| <b>FILING STATUS</b> (Check One):   |
| <input type="checkbox"/> Single <input type="checkbox"/> Married, Filing Jointly <input type="checkbox"/> Married, Filing Separately <input type="checkbox"/> Head of Household |

|  |
|--|
| <b>STATES IN WHICH YOU ARE FILING RETURNS:</b> |
|  |

|                                     |
|-------------------------------------|
| <b>HOW WERE YOU REFERRED TO US?</b> |
|                                     |

|                          |
|--------------------------|
| <b>PURPOSE OF VISIT:</b> |
|                          |