



**2023 Tax Client Contact Information Form**

(Please Print)

rev. 2 Jan 2024 for Tax Year 2023]

**Taxpayer Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Spouse Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Preferred Contact Method:** E-Mail  Text  Phone  \_\_\_\_\_  
(Please enter a name)

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

**Dependent Information: (please list additional dependents on back)**

1. Name \_\_\_\_\_ DOB: \_\_\_\_\_

Type Son  Daughter  or Other:  \_\_\_\_\_

SSN \_\_\_\_\_

2. Name \_\_\_\_\_ DOB: \_\_\_\_\_

Type Son  Daughter  or Other:  \_\_\_\_\_

SSN \_\_\_\_\_

3. Name \_\_\_\_\_ DOB: \_\_\_\_\_

Type Son  Daughter  or Other:  \_\_\_\_\_

SSN \_\_\_\_\_