



## New Client Information Sheet

### For Individuals

<b>Entity Type</b>	<input type="checkbox"/> 1040 - Individual Tax Return	<input type="checkbox"/> 1040NR - NonResident Individual Tax Return	<input type="checkbox"/> 709 - Gift Tax Return	Other:
Taxpayer's Legal Name ( <input type="checkbox"/> check here if primary contact)		Spouse's Legal Name ( <input type="checkbox"/> check here if primary contact)		
Taxpayer's SSN	Taxpayer's D.O.B.	Spouse's SSN	Spouse's D.O.B.	
Home Address			Home Phone ( <input type="checkbox"/> check here if primary #)	
City:	State	Zip Code + 4 digit	County	
Mailing/Alternative Address (if different)				
City:	State	Zip Code + 4 digit	County	
Taxpayer's Email Address		Spouse's Email Address		
Taxpayer's Cell Phone ( <input type="checkbox"/> check here if primary #)		Spouse's Cell Phone ( <input type="checkbox"/> check here if primary #)		
Taxpayer's Work Name		Spouse's Work Name		
Taxpayer's Work Phone ( <input type="checkbox"/> check here if primary #)		Spouse's Work Phone ( <input type="checkbox"/> check here if primary #)		
Name Dependent 1	D. O. B.	SSN		
Name Dependent 2	D.O.B.	SSN		
Name Dependent 3	D.O.B.	SSN		
Name Dependent 4	D.O.B.	SSN		

### Client Communications

Referred by / How did you hear about us? (Please include name)			
Do you want to have a Web Portal account set up on our Siepert website?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please indicate an email address for the Web Portal account: _____			
Would you like to receive a Tax Organizer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please indicate which of the following methods:		Paper <input type="checkbox"/>	Web Portal <input type="checkbox"/>
Please select the method that you would like to receive your Tax Return:		Paper <input type="checkbox"/>	Web Portal <input type="checkbox"/> Both <input type="checkbox"/>
How do you want to receive your invoices and statements?		Paper <input type="checkbox"/>	Web Portal <input type="checkbox"/> Email <input type="checkbox"/>
<b>If you selected yes for any of the above please indicate an email address preference: _____</b>			
Would you like to receive a digital copy of the Eye on Money Magazine, which provides proactive financial and income tax advice?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please indicate an email address preference: _____			