



**Client Information Sheet**

**\*\* Please Print Clearly \*\***

**\*\*\* Do not email completed form \*\*\***

**70 N Main Street, Mullica Hill, NJ 08062  
856-478-0770**

TAXPAYER NAME (as shown on SS Card)

SSN

DOB

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

SPOUSE NAME (as shown on SS Card)

SSN

DOB

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

STREET ADDRESS / APT #

CITY

STATE

ZIP CODE

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

PHONE NUMBER

EMAIL

|  |
|--|
|  |
|--|

|  |
|--|
|  |
|--|

How did you hear about us / who can we thank for referring you to us:

|  |
|--|
|  |
|--|

**DEPENDENT INFORMATION**

NAME (as shown of SS Card)

SSN

DOB

RELATIONSHIP

| NAME (as shown of SS Card) | SSN | DOB | RELATIONSHIP |
|----------------------------|-----|-----|--------------|
|                            |     |     |              |
|                            |     |     |              |
|                            |     |     |              |
|                            |     |     |              |

| FOR OFFICE USE ONLY | ID# |                 |  |
|---------------------|-----|-----------------|--|
| File / Label        |     | UltraTax Setup  |  |
| Status Labels (2)   |     | Practice Setup  |  |
| F:\ Set up          |     | F:\ to UltraTax |  |

**\*DO NOT EMAIL\***