

DE NOVO Tax & Advisors

NEW CLIENT INFORMATION FORM				
FIRST NAME, LAST NAME (PRIMARY TAXPAYER)		SOCIAL SECURITY NUMBER		DATE OF BIRTH (mm/dd/yyyy)
MOBILE PHONE	HOME PHONE	WORK PHONE		
EMAIL				
EMPLOYER			OCCUPATION	
PREFERRED METHOD OF CONTACT: <input type="checkbox"/> MOBILE PHONE <input type="checkbox"/> HOME PHONE <input type="checkbox"/> WORK PHONE <input type="checkbox"/> EMAIL				
FIRST NAME, LAST NAME (SPOUSE)		SOCIAL SECURITY NUMBER		DATE OF BIRTH (mm/dd/yyyy)
MOBILE PHONE	HOME PHONE	WORK PHONE		
EMAIL				
EMPLOYER			OCCUPATION	
PREFERRED METHOD OF CONTACT: <input type="checkbox"/> MOBILE PHONE <input type="checkbox"/> HOME PHONE <input type="checkbox"/> WORK PHONE <input type="checkbox"/> EMAIL				
STREET ADDRESS				
CITY			STATE	ZIP CODE
DEPENDENT INFORMATION				
FIRST NAME, LAST NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RESIDES AT ADDRESS ABOVE?
MISCELLANEOUS INFORMATION				
HOW DID YOU HEAR ABOUT DE NOVO TAX & ADVISORS: <input type="checkbox"/> ONLINE <input type="checkbox"/> REFERRAL (PLEASE PROVIDE NAME) _____				
INTERESTED IN: <input type="checkbox"/> INDIVIDUAL TAX <input type="checkbox"/> FINANCIAL PLANNING & INVESTMENTS <input type="checkbox"/> INDIVIDUAL RETIREMENT PLANNING <input type="checkbox"/> OTHER				
PLEASE INCLUDE A COPY OF LAST YEAR'S TAX RETURNS.				

This completed form, as well as your tax returns, contains Personally Identifiable Information (PII). They should only be transmitted through a secure client portal. They should not be attached to a standard email.