



CLIENT #: _____

TAX CLIENT DATA SHEET

DATE: _____

TAX PAYER: _____

HOME PHONE #: _____

NICKNAME: _____

TAXPAYER CELL #: _____

SPOUSE: _____

TAXPAYER ALT PHONE #: _____

NICKNAME: _____

SPOUSE CELL #: _____

ADDRESS: _____

SPOUSE ALT PHONE #: _____

CITY, STATE, ZIP: _____

TAXPAYER EMAIL: _____

FAX #: _____

SPOUSE EMAIL: _____

Taxpayer:

Spouse:

Occupation: _____

Occupation: _____

Birthdate: _____

Birthdate: _____

Social Security #: _____

Social Security #: _____

Dependents:

Name/Relationship

Birthdate

Social Security #

PRIOR ACCOUNTANT:

ATTORNEY:

INVESTMENT ADVISOR:

How did you hear about Hawthorne & Co. CPAs?

- None/Unsure
- Internet
- By referral from: _____
- Other: _____