



NEW CLIENT INFORMATION SHEET

Please fill out this form and return it to the front desk with your government-issued ID.

Client Information

Primary Taxpayer SSN: _____ - _____ - _____

Marital Status: Married Married Filing Separate*
 Dependent Widow/er Single

First & Last Name: _____ Birth date: _____ / _____ / _____
Month Day Year

Occupation: _____

Daytime Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Evening Phone: _____ - _____ - _____ Email: _____

Home Address: _____
House number & Street City State Zipcode

*Spouse Taxpayer SSN: _____ - _____ - _____ Deceased within the last 12 months _____ / _____ / _____
Month Day Year

*First & Last Name: _____ *Birth date: _____ / _____ / _____
Month Day Year

Occupation: _____

Cell Phone: _____ - _____ - _____ Email: _____

Are you active duty military or a reservist? Yes No

Dependents: If either of the taxpayers above are not the biological parent, proof of residency and relationship to the taxpayers is required

<u>First & Last Name</u>	<u>Biological child of Taxpayer & Spouse?</u>	<u>SSN</u>	<u>Male/Female</u>	<u>Date of Birth</u>
_____	<input type="checkbox"/> No	_____ - _____ - _____	M / F	_____ / _____ / _____
_____	<input type="checkbox"/> No	_____ - _____ - _____	M / F	_____ / _____ / _____
_____	<input type="checkbox"/> No	_____ - _____ - _____	M / F	_____ / _____ / _____
_____	<input type="checkbox"/> No	_____ - _____ - _____	M / F	_____ / _____ / _____
_____	<input type="checkbox"/> No	_____ - _____ - _____	M / F	_____ / _____ / _____

Direct Deposit: This information is used only for the delivery of government refunds and stimulus payments.

Bank name _____ Bank routing number _____ Bank account number _____ Checking Savings

Please continue on the other side



Your Appointment I have an appointment I am a walk-in I am dropping off

How did you hear about us?

- Banner or building sign
- Advertisement (newspaper, flyer, etc): _____
- Online (Facebook, Google, Yelp, etc): _____
- Referral: _____

All Services

What service do you require?

Please mark all that apply; if you require business services, please request a Business Information Sheet.

Tax Year **Type** *Please mark all that apply*

_____ Tax Return Amendment Consultation Bookkeeping Business Formation Other

Other: _____

_____ Tax Return Amendment Consultation Bookkeeping Business Formation Other

Other: _____

_____ Tax Return Amendment Consultation Bookkeeping Business Formation Other

Other: _____

_____ Tax Return Amendment Consultation Bookkeeping Business Formation Other

Other: _____

Do you have any specific concerns?

Signature

All information provided by me to Pelican Tax Services is given truthfully and in good faith. Pelican Tax Services will not sell, release, or otherwise distribute my personal information without my consent. Pelican Tax Services will keep my records on file as required by IRS regulations and state law, after which time they will be disposed of in a secure manner. Pelican Tax Services is not responsible for discrepancies on your tax return which are due to incomplete, concealed, or false information, whether it may be accidental or otherwise.

Primary Taxpayer Signature

Date

Spouse Signature

Date