

WEAVERS TAX SERVICE
NEW CLIENT INFORMATION

NAME: _____ TODAY'S DATE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY: _____

OCCUPATION: _____ E-MAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE:
(HOME): _____ (WORK): _____ (CELL): _____

SPOUSE INFORMATION IF APPLICABLE:

SPOUSE NAME: _____ DATE OF BIRTH: _____

SOCIAL SECURITY#: _____ E-MAIL: _____

SPOUSE OCCUPATION: _____ (PHONE): _____

DEPENDENT INFORMATION:

NAME	RELATIONSHIP TO YOU	DOB:	SOCIAL SECURITY#
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DIRECT DEPOSIT INFORMATION:

NAME OF BANK:	ROUTING #	ACCOUNT#	CHECKING OR SAVINGS
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_____	_____	_____	_____
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IF REFERRED, PLEASE PROVIDE PERSON AND/OR PERSONS NAMES:

OFFICE USE ONLY: ENTERED INTO LACERTE BY _____ DATE: _____

IF DROP OFF, BY : _____ DATE: _____ TO PREP: _____