

## 2022 New Client Information Organizer

Personal Information								
Taxpayer								
Full Name:				SSN:				
	First	МІ	Last					
Date of Birth:		Occupation:						
Phone:	Email:							
Address:								
		Street Address	Apt	City	ST	Zip		
Spouse								
Full Name:				SSN:				
	First	МІ	Last					
Date of Birth:		00	ccupation:					
Phone:	Email:							
Address:								
		Street Address	Apt	City	ST	Zip		

		D	ependents		
		De	pendent 1:		
Full Name:				SSN:	
	First	МІ	Last		
Date of Birth:		Re	elationship:		
		De	pendent 2:		
Full Name:				SSN:	
	First	МІ	Last		
Date of Birth: Relationship:			elationship:		
		De	pendent 3:		
Full Name:				SSN:	
	First	МІ	Last		
Date of Birth: Relationship:			elationship:		



Dependent 4:						
Full Name:				SSN:		
	First	МІ	Last			
Date of Birth:	Relationship:					