

Date: \_\_\_\_\_

Referred by: \_\_\_\_\_

## Client Information Form

Thank you for choosing Eastside Tax & Accounting, LLC. Please take a moment to complete our New Client Information Form. It is essential to have your current information in your tax file at all times. Please make us aware of any changes as they arise in the future.

**Please print your information and return to the front desk when completed.**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Other #: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

DL # \_\_\_\_\_ Iss Date: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Other #: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

DL # \_\_\_\_\_ Iss Date: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Company Name & Address (if business tax return):  
\_\_\_\_\_  
\_\_\_\_\_

Marital Status (Please Check One): Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_

Personal return: Yes \_\_\_\_\_ No \_\_\_\_\_ Business return: Yes \_\_\_\_\_ No \_\_\_\_\_

What would you prefer next year? (Please check preference)

\_\_\_\_\_ **Have an appointment** with a tax preparer – (If your return is not completed at appointment, do you want to: \_\_\_\_\_ **pick it up** or have us \_\_\_\_\_ **mail it** to you?)

\_\_\_\_\_ **Drop off & pick up** your completed tax return

Thank you for taking the time to fill out our Client Information Form.

Eastside Tax & Accounting, LLC  
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