

Sands Business Management
New Tax Client Information

Taxpayer

Spouse

Name: _____

Address _____

S.S. # _____ - _____ - _____

_____ - _____ - _____

Date of Birth ____/____/_____

____/____/_____

Phone: Cell (____)____-_____

(____)____-_____

Home (____)____-_____

(____)____-_____

Email: _____

Add to BW and Outlook

Job Title: _____

Drivers License # _____ ST _____

_____ ST _____

Issued/renewal _____

Health Insurance all year? _____

Dependents:

First Name

Last Name

SS#

Date of Birth

_____ - _____ - _____

____/____/_____

_____ - _____ - _____

____/____/_____

_____ - _____ - _____

____/____/_____

Do you want printed or digital copy of your tax return? _____

Bring copy of Previous years' Tax return _____

Bank Information: Checking / Savings (circle one)

Routing Number: _____ Account Number: _____

Routing Number: _____ Account Number: _____