



# Hawkins Accounting, Inc

## NEW INCOME TAX CLIENT FORM

**You:**

Name \_\_\_\_\_ (First, Middle Initial, Last)

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

Email \_\_\_\_\_

Phone Number \_\_\_\_\_ May we leave voice message? Yes ☐ No ☐

Text Message Yes ☐ No ☐ Leave message with someone other than you? Yes ☐ No ☐

Street Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Spouse:**

Name \_\_\_\_\_ (First, Middle Initial, Last)

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

Email \_\_\_\_\_

Phone Number \_\_\_\_\_ May we leave voice message? Yes ☐ No ☐

Text Message Yes ☐ No ☐ Leave message with someone other than you? Yes ☐ No ☐

Please complete and sign page 2

(put N/A in dependent section if it does not apply)

## NEW INCOME TAX CLIENT FORM

### DEPENDENTS:

Full Name	Birth Date	SS#	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you hear about Hawkins Accounting?

☐ Friend/Relative \_\_\_\_\_

☐ Sports Program   ☐ Website   ☐ Restaurant   ☐ Yellow Pages

☐ Professional Referral \_\_\_\_\_

A consultation fee of \$50.00 will be charged at the end of interview if you do not want us to file your return

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date