



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
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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