

John Gallo CPA LLC

New Client Information Sheet - Individual

About you:

Name (First, MI, Last):

Taxpayer _____ Social Security # _____

Spouse _____ Social Security # _____

Address _____

Home phone number: taxpayer _____ spouse _____

Work phone number: taxpayer _____ spouse _____

Cell phone number: taxpayer _____ spouse _____

Fax phone number: taxpayer _____ spouse _____

Email address: taxpayer _____

Spouse _____

Date of Birth: taxpayer _____ spouse _____

Occupation: taxpayer _____ spouse _____

Employer: Taxpayer _____ spouse _____

Do you own a business? _____

Do you own rental or vacation property? _____

Do you own your home? _____

Do you have any foreign income or bank accounts? _____

When was your will or estate plan last reviewed? _____

Please provide copies of your past year income tax returns

About your dependents:

Please list your dependents:

First Name, MI, Last Name	Date of Birth	Social Security #
1.		
2.		
3.		
4.		
5.		
6.		

Relationship	Months lived with you	Gross Income	% support you provide
1.			
2.			
3.			
4.			
5.			
6.			