

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 \_\_\_\_\_

Drivers License number Taxpayer \_\_\_\_\_ spouse \_\_\_\_\_

Expire date Taxpayer \_\_\_\_\_ spouse \_\_\_\_\_

Issue date Taxpayer \_\_\_\_\_ spouse \_\_\_\_\_

State 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.			