



## New Client Information Form - Individual

Filing Status (Check One): Single \_\_\_\_\_ MFJ \_\_\_\_\_ MFS \_\_\_\_\_ Head of Household \_\_\_\_\_

Taxpayer (Full Legal Name): \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse (Full Legal Name): \_\_\_\_\_ DOB: \_\_\_\_\_

Taxpayer Social Sec #: \_\_\_\_\_ Spouse Social Sec #: \_\_\_\_\_

Taxpayer Profession: \_\_\_\_\_ Spouse Profession: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Home Address (Street, City, State, Zip)

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different)

\_\_\_\_\_  
\_\_\_\_\_

Full Names of Children to be Included: (including mm/dd/yyyy of birth and SSN)

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

States in which we need to file a return: \_\_\_\_\_

Do you have a foreign bank account that at any time during the year had \$10,000 or more in it? Yes \_\_\_\_\_ No \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

**INTERNAL USE ONLY:** PROJECTS NEEDED IN OTW \_\_\_\_\_

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