

# NICHOLSON & ASSOCIATES

## CLIENT INFORMATION SHEET

DATE: \_\_\_\_\_

FILING STATUS: SINGLE: \_\_\_\_\_ HEAD OF HOUSEHOLD \_\_\_\_\_ MARRIED JOINT \_\_\_\_\_ MARRIED SEPERATE \_\_\_\_\_

	FIRST NAME AND INITIAL	LAST NAME	SOCIAL SECURITY NO.
( 1st on Tax Return) TAXPAYER:			
SPOUSE:			

	OCCUPATION	EMPLOYER	DATE OF BIRTH
TAXPAYER:			
SPOUSE:			

	DAYTIME/WORK PHONE	EVENING/HOME PHONE	CELL PHONE
TAXPAYER:			
SPOUSE:			

STREET ADDRESS: \_\_\_\_\_ APARTMENT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CAN ANYONE ELSE CLAIM YOU AS A DEPENDANT? \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### DEPENDANTS:

FIRST NAME	MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY NUMBER	RELATION	DATE OF BIRTH	MO. W/ PARENT

BUSINESS NAME: \_\_\_\_\_ BUSINESS ID#: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

### OFFICE USE ONLY:

CLIENT NO: \_\_\_\_\_

ASSIGN TO: \_\_\_\_\_

SEND BC: YES

PROJECT: \_\_\_\_\_

DUE DATE: \_\_\_\_\_

NO