

NICHOLSON, MICHAUD & NADEAU

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 DEPENDENT? _____ E-MAIL: _____

DEPENDENTS:

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