WATSON TAX SERVICE
50 Professional Court Suite C Lafayette, IN 47905
765-449-1449 Fax 765-449-1140

NEW CLIENT INFORMATION SHEET

TAXPAYER	**SPOUSE**
FULL NAME :	FULL NAME :
(as shown on social security card)	(as shown on social security card)
Social Security Number	Social Security Number
Date of Birth	Date of Birth
Occupation	Occupation
Phone # Work Home Cell	**Phone #** Work Home Cell
Email Address	Email Address
Do you prefer we contact you by email or phone?	Do you prefer we contact you by email or phone?

STREET ADDRESS

CITY STATE ZIP

MARITAL STATUS (circle one) Single Married Separated Head of Household

Please complete the following if applicable:

	Name (as it is on SS card)	Date of Birth	Social Security Number	Relationship to Taxpayer	Months in home
Dependent					
Dependent					
Dependent					
Dependent					

(list additional dependents on reverse side of this form)

_____ I am providing a copy of my prior year tax return

Did you make any estimated tax payments? If so, please list dates, payee and amounts

Who may we thank for referring you to Watson Tax Service? _____