



**Individual New Client Intake Form**

Taxpayer: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Cell No.: \_\_\_\_\_ Text: Y / N

Occupation: \_\_\_\_\_

Spouse: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Cell No.: \_\_\_\_\_ Text: Y / N

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Driver's License No: \_\_\_\_\_

Expiration Date \_\_\_\_\_ Issue Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License No: \_\_\_\_\_

Expiration Date \_\_\_\_\_ Issue Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

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

Banking Information for E-file: Account Type: Checking / Savings (**attach VOIDED check**)

Bank Name: \_\_\_\_\_ Routing No. \_\_\_\_\_ Acct. No. \_\_\_\_\_

**CHILDREN AND OTHER DEPENDENTS**

Name: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_

- Dependent       Lives with You       Child of Divorce       Full Time Student
- Education Credit       Multiple Support       Files Own Return       Disabled

Name: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_

- Dependent       Lives with You       Child of Divorce       Full Time Student
- Education Credit       Multiple Support       Files Own Return       Disabled

**Affiliated Business Entities (If applicable)**

Entity Name \_\_\_\_\_  
Ownership Percentage \_\_\_\_\_ %  
Entity ID # \_\_\_\_\_ (If client of LBS)

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