



LEIF E. PETERSON, CPA

### **NEW CLIENT CHECKLIST**

Taxpayer Name:
Spouse Name:

Taxpayer Date of Birth:
Spouse Date of Birth:

Taxpayer Social Security Number:
Spouse Social Security Number:

Taxpayer Drivers License #:	Issue:	Exp:
Spouse Drivers License #:	Issue:	Exp:

Preferred Email Address:
Preferred Phone Number:

### **Dependents:**

Name: (First, middle initial, last)
Date of Birth:
Social Security Number:

Name: (First, middle initial, last)
Date of Birth:
Social Security Number:

Name: (First, middle initial, last)
Date of Birth:
Social Security Number:

**Banking Information:**

Direct Deposit Account for Refund (Check One):

Checking:     Savings:

Routing # \_\_\_\_\_ Account #: \_\_\_\_\_

**Notes:**

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**\*\*We require the prior two years of tax returns to be emailed or dropped off to us\*\***