

MOSS & RIGGS, PLLC
Individual Client Information Form

Client ID Number _____ (Office Use Only)

Today's Date _____

Date _____ (Office Use Only)

Client's Name _____ SSN# _____

Spouse's Name _____ SSN# _____

Client Date of Birth _____ Client Occupation _____

Spouse's Date of Birth _____ Spouse's Occupation _____

Street Address _____

City, State and Zip _____

Mailing Address, If Different _____

City, State and Zip _____

County of Residence _____

E-mail Address _____ May we bill you via e-mail? Yes _____ No _____

Who referred you to our company? _____

Telephone Numbers (Including Area Code):

Check Preferred
Contact No. Below

Home Telephone _____

Client Office Telephone _____

Spouse Office Telephone _____

Client Cell Phone _____

Spouse Cell Phone _____

Please list all dependents (Use reverse of this sheet, if needed.):

<u>Name</u>	<u>SSN#</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

We are required to e-file your returns unless you opt out. Would you like to opt out? Yes _____ No _____

Would you like direct deposit of your refund or direct withdrawal of your tax due? Yes _____ No _____

If yes, please provide a voided check for the bank account that should be used.

Filing Status: _____ Single _____ Married _____ Married Filing Separately _____ Head of Household