



Stephen Cromwell, ESQ., CPA
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New Client Information

Taxpayer Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apt/Unit # City State Zip Code

Phone: _____ Alt Phone _____

Email: _____ SSN: _____

Occupation: _____

Marital Status at the end of the tax year: Married Single
 Married filing separately Head of Household

Spouse Information (if applicable)

Full Name: _____ DOB: _____
Last First M.I.

Phone: _____ Alt Phone _____

Email: _____ SSN _____

Occupation: _____

Dependent Information (if applicable)

Full Name: _____ DOB: _____
Last First M.I.

SSN: _____ Months in home: _____ Relationship: _____ Full-time Student? _____

Full Name: _____ DOB: _____
Last First M.I.

SSN: _____ Months in home: _____ Relationship: _____ Full-time Student? _____

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