

Cook, Smith & Company CPA's, LLC

New Client Information Sheet

Taxpayer Name _____
First Middle Last

DOB _____ SS # _____

Spouse Name _____
First Middle Last

DOB _____ SS # _____

Address _____
Street

Home Phone _____

City State Zip

Cell Phone _____

Relationship

Dependents _____
First Middle Last

DOB _____ SS # _____

DOB _____ SS # _____

DOB _____ SS # _____

DOB _____ SS # _____

If requesting to file electronically, we will need the following:

DRIVER LICENSE COPY REQUIRED TO FILE

Name of Bank _____

Routing Number _____

Account Number _____

Checking ___ or Savings ___