



NEW CLIENT INTAKE FORM

Legal
Client Name _____

Spouse _____

Social Security Number _____

DL# / State/ Issue & Expr. Dates _____

Spouse DL# / State/ Issue & Expr. Dates _____

DOB Client & Spouse _____

Occupation Client & Spouse _____

No. of Dependents _____

Primary State of Residency _____

Current Address for mailing _____

Current Phone and Email _____

Please check the following:

Prior year returns requested or received _____

Addresses correct on prior year return _____

Have received any IRS Communications _____ (Yes / No)

Are changes to be made to the current return _____, if yes new changes _____

When will changes occur _____

Assigned number _____

*Note - You acknowledge that for all tax information brought in after June 1, 2020 there will be an additional \$150 fee assessed in preparation services made available to you by BGS ____ (initial)