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NEW CLIENT SIGN-IN SHEET

SECTION I- THE TAXPAYER(S)

Date ____/____/____

Social Security Number ____ - ____ - ____

First Name _____ Last Name _____

 Home Address _____

Phone: Home _____ Work _____

E-Mail _____

Occupation _____ Employer _____

SECTION II- SPOUSE

Social Security Number ____ - ____ - ____

First Name _____ Last Name _____

 Home Address _____
 (If not the same) _____

Phone: Home _____ Work _____

E-Mail _____

Occupation _____ Employer _____

SECTION III-Reason for Appointment

	Years	Amount Owed
Un-Filed Returns	_____	_____
IRS Balance Due	_____	_____
Wage/Bank Levy	_____	_____

For Office Use Only
 New Client Level 1 Normal Follow-up

Notes:
