



CLIENT INFORMATION SHEET

JLPollack CPA, PLLC ♦ 11220 Elm Lane Ste 205B ♦ Charlotte, NC 28277

Today's Date: _____

Main Contact Legal Name:		Spouse's Legal Name:	
Soc. Sec. Number:		Spouse's Soc. Sec. #:	
Date of Birth:		Spouse's Date of Birth:	
Occupation:		Spouse's Occupation:	
Main Phone:		Spouse's Main Phone:	
Main Email Address:		Spouse Email Address:	
Address:			
City:		State:	
		Zip:	

Filing Status				
Single	Married Filing Jointly	Married Filing Separately	Head of Household	Qualifying Widow/er
Dependent Name <small>(First, Middle Initial, Last)</small>		Date of Birth	Dependent's Soc. Sec. Number	Relationship

If you are due a refund, would you like direct deposit?		Y	N
If so, please provide new information below:			
Bank:	Routing #:	Account #:	

Business Owners
See Page 2

Whom may we thank for referring you? _____

Business Owners

Company Name:

EIN:

Industry:

State of Registration:

Date of Registration:

Main Contact:

Main Phone:

Email Address:

Address:

City:

State:

Zip: