



**Widget Bookkeeping and Tax, P.A.**  
**(727) 953-9493 Tel**  
**(727) 223-9961 Fax**

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### New Client Information Form

Taxpayer Name: \_\_\_\_\_ SSN # \_\_\_\_\_  
DOB: \_\_\_\_\_ Occupation \_\_\_\_\_ E-mail \_\_\_\_\_

Spouse Name: \_\_\_\_\_ SSN # \_\_\_\_\_  
DOB: \_\_\_\_\_ Occupation \_\_\_\_\_ E-mail \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Land Line Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Best time/way to contact you? \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### Dependent Information

Name \_\_\_\_\_ SSN# \_\_\_\_\_  
Relation to you \_\_\_\_\_ DOB \_\_\_\_\_  
Lived with you? \_\_\_\_\_ YES or NO \_\_\_\_\_ FT College Student? \_\_\_\_\_ YES or NO \_\_\_\_\_

Name \_\_\_\_\_ SSN# \_\_\_\_\_  
Relation to you \_\_\_\_\_ DOB \_\_\_\_\_  
Lived with you? \_\_\_\_\_ YES or NO \_\_\_\_\_ FT College Student? \_\_\_\_\_ YES or NO \_\_\_\_\_

Name \_\_\_\_\_ SSN# \_\_\_\_\_  
Relation to you \_\_\_\_\_ DOB \_\_\_\_\_  
Lived with you? \_\_\_\_\_ YES or NO \_\_\_\_\_ FT College Student? \_\_\_\_\_ YES or NO \_\_\_\_\_