

R. L. GOODRICH & CO., P. C.

CERTIFIED PUBLIC ACCOUNTANTS

NEW CLIENT INFORMATION FORM - PERSONAL

Date _____

Taxpayer Name _____

Spouse Name _____

Address _____

City _____ State _____ Zip _____

Telephone # _____

Cell Phone # _____ (Taxpayer/Spouse)
_____ (Taxpayer/Spouse)

Email _____ (Taxpayer/Spouse)
_____ (Taxpayer/Spouse)

Filing Status:

Single

Single – Head of Household

Married – Joint

Married – Filing Separate

Other _____

Additional Information:

Referred By: _____

Entered By: _____ Date: _____

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