



Boulder  
Valley  
CPAs

### CLIENT INFORMATION SHEET

Referred by:

#### 1. TAXPAYER INFORMATION

Full Name:		Driver's License #:	Issue Date:
		.Exp Date:	
		State Issued:	
		If New York we need code on the back:	
SSN:	DOB:	Occupation:	
Mailing Address:			
Physical Address:			
Cell Phone:	Home Phone:	Work Phone:	
Email Address:			

#### 2. SPOUSE'S INFORMATION

Full Name:		Driver's License #:	Issue Date:
		Exp Date:	
		State Issued:	
		If New York we need code on the back:	
SSN:	DOB:	Occupation:	
Mailing Address:			
Physical Address:			
Cell Phone:	Home Phone:	Work Phone:	
Email Address:			

#### 3. DEPENDENTS

First Name	Last Name	Birth Date	SS Number	Relationship to You	# of months lived with you

#### 4. BUSINESS CLIENTS ONLY

Business Owners Name/s:	Business Tax Number:
Business Type:	Business Name:
Business Address:	Business Ph:
Business Email:	

#### 5. Office Use

Engagement Letter Received by BVCPAs : _____ Yes _____ No	
Original Documents Received by BVCPAs: _____ Yes _____ No \$45 Fee if yes	
ACH for tax preparation fee: _____ Savings Account _____ Checking Account	
Routing Number: (left 9 digits at bottom of check)	Account No: (Voided Check Accepted)