

New Client Form

Martinez Tax & Bookkeeping 1057 Saratoga Avenue Grover Beach, CA 93433 Phone: 805-481-2501 Fax: 805-994-0400 MartinezTax2501@gmail.com
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PERSONAL INFORMATION			
State of residence (during tax year):		Marital Status: Married Single H/H (circle one)	
Name of Taxpayer (First/MI/Last name):		Name of Taxpayer, Spouse (First/MI/Last name):	
SSN:		SSN:	
Occupation:		Occupation:	
DOB:		DOB:	
Address		Address	
City	State	City	State
Zipcode	Email:	Zipcode	Email:
Phone (Home):		Phone (Home):	
Phone (Cell):		Phone (Cell):	

DEPENDENTS				
Name of Dependent	SSN	DOB	Relationship to Taxpayer	College Student?

BANK INFORMATION		
If you receive a refund, would you like it directly deposited into your bank account (circle)		Yes No
Name of Bank	Checking or Savings (circle)	
Routing Number	Account Number	