



763.999.4779
 taxdept@epamn.com
 Fax 612.234.4870

NEW CLIENTS

THESE FORMS **MUST** BE COMPLETED ANNUALLY

Taxpayer Info Sheet, Questionnaire, & Banking Info

TAXPAYER INFORMATION SHEET - TAX YEAR _____

Taxpayer: _____ Spouse: _____

Main Contact: _____

Social Security: _____ Social Security: _____

Occupation: _____ Occupation: _____

DOB: _____ DOB: _____

Email: _____ Email: _____

Contact Phone: _____ Cell Home
 Contact Phone: _____ Cell Home

May we send you text messages (notifications/reminders) ? Cell # _____

Address _____

City, State Zip _____

DEPENDENT INFORMATION:

Full Name of Dependent	DOB	Grade	Number months lived w/ you	"NEW CLIENTS ONLY" Social Security	"NEW CLIENTS ONLY" Relationship

Please note any question or comments
