Swan & Gardiner, LLC
Certified Pulbic Accountants
9005 W. Sahara Ave. Las Vegas, NV 89117
702.869.9700 tel 702.313.9900 fax
swanandgardiner.com

Partner: _____

Date: ____/____/____

New Client Information Sheet

Client Name: Last _____ First _____

SSN: 123 - 12 - 1231 Occupation: _____

Date of Birth: Dec 24 _

Spouse Name: Last _____ First _____

SSN: _____-_____-_____ Occupation:_____

Date of Birth: Dec 24 __

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Numbers:
(_____) _____ - _____ Home
(_____) _____ - _____ Business
(_____) _____ - _____ Cell
(_____) _____ - _____ Cell

E-mail: _____ 1st _____ Spouse

Children to be claimed on Return:

Name _____ DOB: Dec 24 **SSN:** _____-_____-_____

Name: _____ DOB: Dec 24 **SSN:** _____-_____-_____

Name: _____ DOB: Dec 24 **SSN:** _____-_____-_____

Name: _____ DOB: Dec 24 **SSN:** _____-_____-_____

Name: _____ DOB: Dec 24 **SSN:** _____-_____-_____

Related Entities: _____
_____
_____
_____

Tax Return Delivery: **Paper:** ☐ **Email:** ☐