McGowan
ACCOUNTING & TAX SERVICES

CLIENT INFORMATION

CONTACT INFORMATION

Name/Address:		Marital Status: ☐ Single ☐ Married ☐ Divorced ☐Widowed	
		Spouse Name:	
SSN:	DOB:	SSN:	DOB:
Phone (home):	Occupation:	Phone (home):	Occupation:
Phone (cell):	E-mail:	Phone (cell):	E-mail:
Phone (office):		Phone (office):	
Preferred way to contact: ☐Phone # _____ ☐Email ☐Text phone # _____			

DEPENDENT INFORMATION

Name:		Name:	
DOB:		DOB:	
SSN:		SSN:	
Student: ☐ Yes ☐No	Grade:	Student: ☐ Yes ☐No	Grade:
Name:		Name:	
DOB:		DOB:	
SSN:		SSN:	
Student: ☐ Yes ☐No	Grade:	Student: ☐ Yes ☐No	Grade:

TASKS

☐ Tax Preparation	☐ Tax Planning	☐ Payroll	☐ Bookkeeping

BUSINESS INFORMATION (IF APPLICABLE)

Date business started		Tasks:	
Tax I.D.#		☐ Sales & Use	☐ W2's
Business Address:		☐ Quarterly Payroll Returns	☐ 1099's
		☐ QuickBooks	☐ Entity Discussion
☐ Sole proprietorship	☐ Corporation	☐ Tax Preparation	☐ Other Consulting
☐ Other	☐ Partnership		

SIGNATURE(S)

Taxpayer:	Spouse:
Date:	Date:

The IRS requires that you report all income, from whatever source derived, and maintain and retain records substantiating all items reported on your return. Specific written records are required for deductions of charitable contributions, travel, entertainment, auto mileage, and computer use. McGowan Tax and Accounting LLC is your Preparer, but you have the final responsibility for accuracy and overall correctness of your return. By my/our signature(s) below, I/we certify that the information being submitted is for the purpose of the preparation of my/our tax return(s) and is true, correct, complete and all-inclusive to the best of my/our knowledge, and I/we have the required records.