

**JOHN F. LEWIS, PC**  
Prospective Client Information Sheet for Individuals

**Taxpayer Information:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Marital Status: (Circle One)

Preferred Method of Contact: \_\_\_\_\_ Married    Single    Divorced    Separated

**Spouse Information:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

**Dependent's Information: (List additional dependents on back)**

Name	Social Security Number	Date of Birth

Type of Professional Services Desired: \_\_\_\_\_

Have you Filed all Required Federal Income Tax Returns to date?: Yes or No

Are any of Your Prior Federal Income Tax Returns Being Examined by the IRS? Yes or No

If yes, please explain: \_\_\_\_\_

Do you have any income sources outside the State of Texas, including foreign sources? Yes or No

If yes, please explain: \_\_\_\_\_

Are you the owner of, or investor in a company that we will also prepare a return for? Yes or No

If yes, please list all: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please complete form and bring it with you to your first visit, or you may fax it to (512) 863-5170.