

**TAX ISSUES**  
**New Client Information Sheet**

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security # \_\_\_\_\_

Phone

Home: \_\_\_\_\_

Business: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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Please give a brief description of the tax problem you are having:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are State of NJ taxes involved? \_\_\_ Yes \_\_\_ No. If yes, give a brief explanation (including year(s) involved; amount owed; attempted resolutions): \_\_\_\_\_

\_\_\_\_\_

Are Federal taxes involved? \_\_\_ Yes \_\_\_ No. If yes, give a brief explanation (including year(s) involved; amount owed; attempted resolutions): \_\_\_\_\_

\_\_\_\_\_

What notices have you received? \_\_\_\_\_

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Any relevant deadlines? If so, please list: \_\_\_\_\_

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Please list any other relevant information: \_\_\_\_\_

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