

**Edmundson CPA, PLLC
New Individual Client Form**

Name: _____ Cell Phone: _____

Birth Date: _____ Occupation: _____ Veteran (Y/N) _____

Driver's License – State: _____ # _____ Date Issued: _____ Date Expires: _____

Spouse: _____ Cell Phone: _____

Birth Date: _____ Occupation: _____ Veteran (Y/N): _____

Driver's License – State: _____ # _____ Date Issued: _____ Date Expires: _____

Address: _____ City _____ Zip _____

County in NC at year-end: _____

Home Phone: _____

Email: _____ (only if OK for us to use,)

Spouse Email: _____ (only if OK to use)

Dependents:

Name	Birthday	Social Security Number (only if not on prior tax return)

Did any of your dependent children have income over \$500 or sell assets at a gain or loss during the prior year? Yes _____ No _____

If yes, are we to prepare their return(s)? Yes _____ No _____

Number of dependents in day care: _____

Moving information current tax year: (if not applicable, write N/A)

Where did you move from? _____ Date became NC resident: _____

Miles from old home to **new** job: _____ Miles from old home to **old** job: _____

Buy or sale of home: (if not applicable, write N/A)

Did you buy or sell a residence during the tax year? (circle) bought sold both neither

If so, we will need the settlement statement for the purchase and/or sale.

Was the house sold used for business purposes (i.e. depreciated) at any time after 5-6-1997?

Yes ___ No ___

How many years did you live in and own the house you sold? _____

Have you ever refinanced your mortgage? Yes ___ No ___

Form completed by: _____ date _____

YOUR INITIAL 30 MINUTE CONSULTATION IS FREE. TIME IN EXCESS OF 30 MINUTES WILL BE BILLED AT OUR NORMAL HOURLY RATE.

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