



Orlando Downtown Office  
605 E. Robinson St, Suite. 450  
Orlando, FL, 32801

Avalon Park Office  
3520 Avalon Park East Blvd, Suite 1  
Orlando, FL 32828

www.mycpasolutions.com  
P (407) 650-9088 | F (407) 650-9087

**INDIVIDUAL TAX CLIENT FACT SHEET**

Taxpayer: *(First, Middle, Last)* \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Occupation: \_\_\_\_\_

Spouse: *(First, Middle, Last)* \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Occupation: \_\_\_\_\_

Children/Dependents: *(First, Middle, Last for each)*

_____	DOB: ____/____/____	SSN: ____-____-____
_____	DOB: ____/____/____	SSN: ____-____-____
_____	DOB: ____/____/____	SSN: ____-____-____
_____	DOB: ____/____/____	SSN: ____-____-____

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

Telephone: \_\_\_\_\_  
(Please indicate: *cell, work, home*)

Alternate Phone: \_\_\_\_\_  
(Please indicate *cell, work, home*)

E-mail: \_\_\_\_\_ Fax (if Available): \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

Bank name: \_\_\_\_\_ Account Type:  Checking  Savings  Other: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Acct Number: \_\_\_\_\_

*Please attach a copy of a blank check or deposit slip to ensure accuracy.*

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