



306 Memorial Drive
 Greer, SC 29650
 Phone: 864-655-4499
 Fax: 864-655-4447

NEW CLIENT DATA SHEET

Personal Information					
Taxpayer Name (First, Middle, Last)		Spouse Name (First, Middle, Last)			
Date of Birth		Date of Birth			
Soc. Sec. No		Soc. Sec. No			
Occupation		Occupation			
Best Contact Number		Best Contact Number			
Email Address		Email Address			
Street Address			City	State	ZIP
Filing Status					
<input type="checkbox"/>	Married	Taxpayer (Check if applies)		Spouse (Check if applies)	
<input type="checkbox"/>	Single	Legally Blind	<input type="checkbox"/>	Legally Blind	<input type="checkbox"/>
<input type="checkbox"/>	Head of Household	Legally Disabled	<input type="checkbox"/>	Legally Disabled	<input type="checkbox"/>
<input type="checkbox"/>	Married Filing Separately	Over 65 as of 12/31	<input type="checkbox"/>	Over 65 as of 2/31	<input type="checkbox"/>
<input type="checkbox"/>	Widower, Date of Spouse's Death _____ (please provide copy of death certificate)				
Dependents (Children & Others)					
Name (First Middle, Last)	Date of Birth	Relationship	Soc. Sec. No.	Months Lived at Home	Full Time Student (Check if applies)
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Thank for you taking the time to complete this information.

Please return to Sara Newton at saranewton.ccas@gmail.com or Douglas Newton at douglasnewton.ccas@gmail.com.