

274 MADISON AVENUE, SUITE 1103
NEW YORK, NY 10016
TEL: 212.684.3637
FAX: 212.684.3624

WEBSITE: WWW.NWTAXSOLUTIONS.COM
EMAIL: CUSTOMERSERVICE@NWTAXSOLUTIONS.COM

NEW CLIENT SIGN-IN SHEET

SECTION I- THE TAXPAYER(S)

Date ____/____/____

Social Security Number ____ - ____ - ____

First Name _____ Last Name _____

Home Address _____

Phone: Home _____ Work _____

E-Mail _____

Occupation _____ Employer _____

SECTION II- SPOUSE

Social Security Number ____ - ____ - ____

First Name _____ Last Name _____

Home Address
(If not the same) _____

Phone: Home _____ Work _____

E-Mail _____

Occupation _____ Employer _____

SECTION III-Reason for Appointment

	Years	Amount Owed
Un-Filed Returns	_____	_____
IRS Balance Due	_____	_____
Wage/Bank Levy	_____	_____

For Office Use Only

New Client Level 1 Normal Follow-up

Notes: _____
