



NEW CLIENT INFORMATION

Taxpayer Name: _____ Date of Birth: _____ SSN: _____

Spouse Name: _____ Date of Birth: _____ SSN: _____

Street Address: _____

Mailing Address (if different): _____

Taxpayer Email: _____ Spouse Email: _____

Taxpayer Phone: _____ Spouse Phone: _____

Primary Contact: Taxpayer or Spouse **Method of Contact:** Email Telephone

HOW DID YOU HEAR ABOUT ME? _____

BE SURE TO COMPLETE THE 2021 TAX ORGANIZER, PERSONAL INFORMATION, AND INCLUDE IT WITH YOUR TAX DOCUMENTS. YOU CAN DOWNLOAD A PDF COPY AT BTSTAXLLC.COM. IT IS ALSO USEFUL IF YOU WILL INCLUDE A COPY OF YOUR MOST RECENTLY FILED TAX RETURN.

ACKNOWLEDGEMENT AND SIGNATURE

By signing below, I certify that all information provided to BTS is true, complete, and correct to the best of my knowledge. I further agree to the terms of the Engagement Agreement provided.

Authorized Signature: _____ Date: _____

PLEASE COMPLETE, SIGN, AND SUBMIT WITH YOUR TAX INFORMATION