



**Hawkins Accounting, Inc.**  
2904 Francis St, Jackson, MI 49203  
(517) 782-0600 phone \* (517) 782-0360 fax  
[office@hawkinsaccounting.com](mailto:office@hawkinsaccounting.com)  
[www.HawkinsAccounting.com](http://www.HawkinsAccounting.com)

## CHANGE OF INFORMATION FORM

**\*\*\*Client Name as it appeared on previous tax return:**

\_\_\_\_\_  
First Middle Initial Last

**\*\*\*Changes to:**

Name:

\_\_\_\_\_  
First Middle Initial Last

Email \_\_\_\_\_

Phone Number \_\_\_\_\_ May we leave voice message? Yes  No

Text Message Yes  No  Leave message with someone other than you? Yes  No

Street Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

**New Spouse:**

\_\_\_\_\_  
First Middle Initial Last

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_ May we leave voice message? Yes  No

Text Message Yes  No  Leave message with someone other than you? Yes  No

(For new Dependents complete page 2)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**NEW INCOME TAX CLIENT FORM**

NEW DEPENDENTS:

Full Name	Birth Date	SS#	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date