



Hawkins Accounting, Inc.
2904 Francis St, Jackson, MI 49203
(517) 782-0600 phone * (517) 782-0360 fax
office@hawkinsaccounting.com
www.HawkinsAccounting.com

NEW INCOME TAX CLIENT FORM

Your Name:

_____ First Name _____ Middle Initial _____ Last Name

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

Spouse's Name:

_____ First Name _____ Middle Initial _____ Last Name

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

Street Address _____

_____ City _____ State _____ Zip

Please complete and sign page 2



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DEPENDENTS: (put N/A in dependent section if it does not apply)

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

How did you hear about Hawkins Accounting?

Friend/Relative _____

Professional Referral _____

Sports Program Website Restaurant Yellow Pages

A consultation fee of \$25.00 will be charged at the end of interview if you do not want us to file your return

Signature

Date