

# Cover & Rossiter New Client Information Form (1040 Clients)

Please complete all sections of this fillable form. Mark 'n/a' for anything that does not apply. Save the form to your desktop and then email to [intake@coverrossiter.com](mailto:intake@coverrossiter.com). \*Be sure to use our secure ShareFile site - for instructions go to [www.CoverRossiter.com](http://www.CoverRossiter.com) and click on Client Support/Secure File Sharing. If you have any questions, call us at 302-656-6632. Thank you!

## Taxpayer

First Name and Initial		Last Name		Social Security Number	
Occupation		Date of Birth (Mo/Da/Yr)		Date of Death (Mo/Da/Yr)	
Driver's License or State Issued ID Number		Expiration Date (Mo/Da/Yr)		Issue Date (Mo/Da/Yr)	
				State	

## Spouse

First Name and Initial		Last Name		Social Security Number	
Occupation		Date of Birth (Mo/Da/Yr)		Date of Death (Mo/Da/Yr)	
Driver's License or State Issued ID Number		Expiration Date (Mo/Da/Yr)		Issue Date (Mo/Da/Yr)	
				State	

## Contact Information

Street Address			Apartment Number		
City		State		Zip or Postal Code	
Foreign Province or County			Foreign Country		
Taxpayer Daytime/ Work Phone		Taxpayer Evening/ Home Phone		Taxpayer Foreign Phone	
Taxpayer Cell Phone		Taxpayer Fax Number		Taxpayer Email Address	
Spouse Daytime/ Work Phone		Spouse Evening/ Home Phone		Spouse Foreign Phone	
Spouse Cell Phone		Spouse Fax Number		Spouse Email Address	
Preferred Method of Contact <i>(please specify which phone number OR email address to use)</i>					

**Dependent Information**

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Relationship to Taxpayer
A					
B					
C					
D					
E					
F					
G					

Did dependent have income over \$4,050?



	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A				
B				
C				
D				
E				
F				
G				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

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Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

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List the years that a release of claim to exemption is given for a dependent child not living with you.

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How did you hear about us?

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Is there anything else you would like to share with us at this time so that we may provide you with the best possible service?

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