

New Client Information Sheet

Thank you for choosing **Office Service Systems, Inc (OSS)** to calculate your Federal Income Tax Return. To help us serve you better please complete the following information. This information is for our files only and will not be sold or distributed in any way.

Your Name (as shown on Social Security card) _____

Home Phone _____ **Cell Phone** _____

Email Address _____

Social Security # _____ **Date of Birth** _____

Employer _____ **Employer Phone** _____

Occupation _____

Spouse Name (as shown on Social Security card) _____

Home Phone _____ **Cell Phone** _____

Email Address _____

Social Security # _____ **Date of Birth** _____

Employer _____ **Employer Phone** _____

Occupation _____

Dependents – Full Name (as shown on Social Security card), SS# & DOB
(if you need additional space, add sheet or list on back.

Purchasing or Renting your Residence? _____

Home Address

_____ City _____ State _____ Zip _____

Mailing Address (if different than above)

_____ City _____ State _____ Zip _____

Fax # _____ **Alternative Phone** _____

Email Address _____

How did you hear about us?

Better Business Bureau _____ **Phone Book** _____ **Internet** _____

Other _____ **Walk-in** _____ **Family/Friend** _____ (Fill in next line)

Name of person you were referred by: _____