Rogers & Rudisill CPAs, P.C.

**Office: 770-886-9084 Fax: 770-889-8121**

 **Date of Interview:**\_\_\_\_/\_\_\_\_/\_\_\_\_  **Date Requested:**\_\_\_\_\_\_\_\_\_ **Last Returned File:**\_\_\_\_\_\_\_\_\_

 **Type of Service Needed:\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **LAST NAME:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Taxpayer First Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Spouse’s First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Spouse’s Last Name if Different****:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Home Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City**\_\_\_\_\_\_\_\_\_\_\_**State**\_\_\_\_\_**Zip Code**\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | **Taxpayer** | **Spouse** |
| **SSN** |  |  |
| **Date of Birth** |  |  |
| **Death** |  |  |
| **Day Phone** |  | **( ) -**. |
| **Evening Phone** |  | **( ) -**. |
| **Cell Phone** |  | **( ) -**. |
| **Fax Number** |  | **( ) -**. |
| **Email Address** |  |  |
| **Occupation** |  |  |
| **Pin** |  |  |

 **Dependent #1:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SS#:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Dependent #2**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SS#:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Dependent #3:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SS#:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Itemize Prior Year? Yes No Any Significant Changes?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notes**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**How did you hear about us?** ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand that all time and services are billable, and payment is due upon services rendered.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** aaaaaaaaaaaaaaaa**(Signature)**