

Meredith, Elkins & Feldman, PLLC

Certified Public Accountants

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Member: American Institute of Certified Public Accountants
Tennessee Society of Certified Public Accountants
Tennessee Association of Accountants

Dear new client,

We appreciate the opportunity to serve you. To better do so, please provide the following:

Taxpayer name: _____ SSN: ____-____-____ Birth date: __/__/_____

Spouse name: _____ SSN: ____-____-____ Birth date: __/__/_____

Address: _____ Apt # _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email address: _____

Filing status: Single Married Joint Married Separate Head of Household

<u>*Dependent Name</u>	<u>SSN</u>	<u>Birth Date</u>	<u>Relationship (please be gender specific)</u>	<u>Legal Custody (if minor)</u>	
_____	____-____-____	__/__/_____	_____	Y	N
_____	____-____-____	__/__/_____	_____	Y	N
_____	____-____-____	__/__/_____	_____	Y	N
_____	____-____-____	__/__/_____	_____	Y	N
_____	____-____-____	__/__/_____	_____	Y	N
_____	____-____-____	__/__/_____	_____	Y	N

***Please note, the IRS requires that we keep on file documentation to prove dependent residency. Please provide a document showing each dependent's name and current address.**

Additionally, please fill out the ***Engagement Letter and Required Information Form***. Also, please bring a copy of the prior year's tax return(s) for both spouses.

If you have any questions, please contact us.

Thank you,

Meredith, Elkins & Feldman