

CLIENT INFORMATION

This information will help to ensure your forms are accurate and complete.

TAXPAYER

SPOUSE

Name: _____

Name: _____

Soc Sec #: _____

Soc Sec #: _____

Birth Date: _____

Birth Date: _____

Email: _____

Email: _____

Referred By: _____

Marital Status: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Services sought: _____

Please note any specific circumstances that brought you here: _____

We have relationships with many businesses who we trust to take care of our clients. What other services do you need assistance with? Financial Planning Estate Planning Attorney Insurance Mortgage Real Estate

Painting Home Inspection Photography Succession or Buy/Sell Plan IT Banking

Other: _____

How would you prefer to receive your return? Email Paper Copy

CHILDREN AND OTHER DEPENDENTS

Name	Relationship	Date of Birth	Soc Sec #	Lives with you
_____	_____	_____	_____	<u>Yes / No</u>
_____	_____	_____	_____	<u>Yes / No</u>
_____	_____	_____	_____	<u>Yes / No</u>

TAXPAYER REPRESENTATION

Taxpayer represents that all information provided is accurate to the best of their knowledge and has proper tax records and documentation to support the income and deductions shown on the tax return.

Taxpayer Signature: _____ Spouse's Signature: _____

Date: _____ Date: _____

We will not share your contact information without your consent. For more information on how we protect the personal information you provide, ask to see our Privacy Policy.