

CLIENT INFORMATION

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

TAXPAYER

Name: _____
Soc Sec #: _____
Birth Date: _____
Email: _____
Referred By: _____
Address: _____

SPOUSE

Name: _____
Soc Sec #: _____
Birth Date: _____
Email: _____
Marital Status: _____
City/State/Zip: _____

Services Sought: _____

Please note any specific circumstances that brought you here: _____

What other services do you need assistance with? Financial Planning Estate Planning Attorney
Insurance Mortgage Real Estate Other _____

Home Phone: _____ Home Phone: _____
Cell Phone: _____ Cell Phone: _____
Occupation: _____ Occupation: _____
Employer: _____ Employer: _____

How would you prefer to receive your return? Client Portal 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: _____

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.