Client Information Form

	First Name	M.I.	Last Name	Date of Birth	SS# or ITIN	Gender
Taxpayer:						☐ M ☐ F
Spouse:						☐ M ☐ F

Home Address

Address:		
City:	State:	Zip Code:

Taxpayer Info

Cell Phone:
Email:
Employer:
Occupation:

Spouse Info

Cell Phone:
Email:
Employer:
Occupation:

Dependents

Relationship (i.e. Daughter, Son)	First Name	M.I.	Last Name	Date of Birth	SS# or ITIN

Additional Information

Do you own rental properties? ☐ Yes ☐ No
Do you have more than 50% interest in a business? ☐ Yes ☐ No

Companies in which you have an influential interest

Company Name	Address	Phone	Date Started	EIN	% Owned

Referral Information

Referred by:

Client's Signature: ________________________________ **Date**:________________

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