Individual Client Setup Form

Client Information

Taxpayer SSN # _____ Taxpayer DOB _____

Taxpayer First Name _____ M.I. _____ Last _____

Taxpayer Driver's License _____ Issue Date_____ Exp._____

Spouse SSN # _____ Spouse DOB _____

Spouse First Name _____ M.I. _____ Last _____

Spouse Driver's License _____ Issue Date_____ Exp._____

Primary Contact Information

Contact Name _____ Email Address _____

Business Phone _____ Mobile Phone _____

Home Phone _____

Please Indicate Preferred number Business _____ Mobile _____ Home _____

Address _____

City _____ State _____ Zip _____

Spouse/Additional Contact Information

Contact Name _____ Email Address _____

Business Phone _____ Mobile Phone _____

Home Phone _____

Please Indicate Preferred number Business _____ Mobile _____ Home _____

Address _____

City _____ State _____ Zip _____

Dependents

Name _____ DOB _____ SSN # _____

Name _____ DOB _____ SSN # _____

Name _____ DOB _____ SSN # _____

Name _____ DOB _____ SSN # _____

Name _____ DOB _____ SSN # _____