

CLIENT INFORMATION

TAXPAYER

SPOUSE

First Name: _____

First Name: _____

Last Name: _____

Last Name: _____

Middle Initial: _____

Middle Initial: _____

Social Security #: _____

Social Security #: _____

Date of Birth: _____

Date of Birth: _____

Home Address: _____

Home Address: _____

Daytime Telephone: _____

Daytime Telephone: _____

Home/Evening Telephone: _____

Home/Evening Telephone: _____

Cell Telephone: _____

Cell Telephone: _____

E-Mail: _____

E-Mail: _____

Occupation: _____

Occupation: _____

Who are you here to see today: _____

Who are you here to see today: _____

Who were you referred by: _____

Who were you referred by: _____

Attending College or Graduate School? YES / NO

Attending College or Graduate School? YES / NO

Dependents Attending College/Training School? YES / NO

Dependents Attending College/Training School? YES / NO

DEPENDENT INFORMATION

Child's Name (As Shown On Social Security Card)	Date of Birth	Relationship To You	Social Security Number (As On Social Security Card)

Do You Pay For Child Care / After School Program or Day Camp? YES / NO

Would You Like A Free Insurance & Financial Review? YES / NO



(Only E-Mail My Return) YES / NO

Are You Interested In Affordable Legal Services? YES / NO

***** THERE WILL BE A \$75 FEE FOR ANY CONSULATION WITH A TAX PREPARER PAYABLE TO RON KLEIN *****