

**ACKER & COMPANY
NEW CLIENT INFORMATION**

Date: _____

Client Number: _____

EIN #: _____

Name: _____

Spouse: _____

SS #: _____

SS#: _____

D.O.B.: _____

D.O.B.: _____

D.O.B

Children: _____

SS#: _____

SS#: _____

SS#: _____

Address: _____

Home Phone: _____

Employer: _____

Work Phone: _____

Fax: _____



PRIOR YEAR TAX RETURN

PLEASE PROVIDE US WITH YOUR PRIOR YEAR TAX RETURN

OTHER NOTES: _____
