Client Information Sheet

How did you hear from us? _____

Primary Name_____ Date of Birth / / SS#_____

Spouse Name_____ Date of Birth / / SS#_____

Current Address _____City_____State_____Zip _____

Cell # (_____) _____ Home (_____) _____

Email Address: _____

Are you married? Yes / No If Yes, did you live with your spouse after July 1st? Yes / No

Do you have health insurance? Yes / No Is your health insurance through your employer? Yes / No

How much did you spend on out-of-pocket medical expenses? (co-pay, dental, & vision) $_____

DEPENDENTS:

NAME	DATE OF BIRTH	SOCIAL SECURITY	RELATIONSHIP	LIVES WITH YOU?

Did you file *last year's* Tax Return? Yes / No

Did you attend college? Yes / No

Do you own a Home or do you Rent? OWN / RENT What is the monthly cost? _____

Do you own a business? Yes / No If yes, type of business or business name _____

Does your business collect sales tax? Yes / No Did your business file its annual state report? Yes / No

Did you receive, sell, exchange, or trade any virtual cryptocurrency? Yes / No

The above information is correct and true to the best of my knowledge.

Signature_____ Date / / .