LOPEZ & COMPANY
ACCOUNTANTS AND ADVISORS, LLC

TAXPAYER INFORMATION:	SPOUSE INFORMATION:
Full Name *as appears on SS Card*:	Full Name *as appears on SS Card*:
Social Security Num	Social Security Num
Occupation	Occupation
Date of Birth	Date of Birth
E-mail Address	E-mail Address:
Work Phone	Work Phone
Cell Phone	Cell Phone
Home Phone	
Driver's License ☐ or State ID Card ☐	Driver's License ☐ or State ID Card ☐
Issuing State	Issuing State
License or ID Num	License or ID Num
Issue Date	Issue Date
Expiration Date	Expiration Date

Street Address		
City	State	Zip Code

DEPENDENT INFORMATION:	
Full Name *as appears on SS Card*:	Social Security Num
	Relationship:
	Date of Birth
Full Name *as appears on SS Card*:	Social Security Num
	Relationship:
	Date of Birth
Full Name *as appears on SS Card*:	Social Security Num
	Relationship:
	Date of Birth
Full Name *as appears on SS Card*:	Social Security Num
	Relationship
	Date of Birth

Please let us know how you heard of us. Thank you!