

2018 Client info

Full Legal Name: _____

SSN-_____DOB-_____

Spouse Legal Name: _____

SSN- _____ DOB-_____

Child Legal Name: _____

SSN_____ DOB-_____

Child Legal Name: _____

SSN _____ DOB-_____

Child Legal Name: _____

SSN _____ DOB-_____

Mailing Address: _____

Contribute to a IRA (Roth or Traditional): _____ How Much: _____

Did you change jobs/careers: _____

Did you have Health Ins: _____ Buy a House: _____

Driver's License #: _____ State: _____ Issue Date : _____ Exp.
date: _____

Spouse's Driver's License #: _____ State: _____ Issue Date: _____
Expiration date: _____

Has your Identity been stolen or compromised: _____ Did the IRS issue you a
PIN # _____