

INDIVIDUAL CLIENT SETUP FORM

Date Submitted: _____

Client Information

Taxpayer SSN# _____ DOB _____ Spouse SSN# _____ DOB _____
Client Name _____
Taxpayer Name: First: _____ M.I. _____ Last _____
Spouse Name: First: _____ M.I. _____ Last _____
Referred By: _____

Primary Contact Information

Contact Name _____ Email address _____
Business Phone # _____ Fax # _____
Mobile Phone # _____ Home # _____
Address _____
City _____ State _____ Zip _____

Additional Contact

Preferred Billing Other _____

Mr. Mrs. First _____ MI _____ Last _____
Address _____
City _____ State _____ Zip _____
Home # _____ Mobile # _____ Business # _____
Email _____ Portal