



TAX + BUSINESS SERVICES

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**Client Contact Information Form**

CLIENT ID: \_\_\_\_\_

**TAXPAYER CONTACT:**

First Name:	Middle:	Last Name:
Salutation "Nick Name":		
Date of Birth:	Occupation:	

**SPOUSE CONTACT:**

First Name:	Middle:	Last Name:
Salutation "Nick Name":		
Date of Birth:	Occupation:	

**ADDRESS:**

Street:	Unit #
City:	State: Zip Code:

**TELEPHONE:** (Please put a checkmark next to your "preferred primary" phone preference)

**Taxpayer**

<input type="checkbox"/> Home Phone:	<input type="checkbox"/> Work Phone:	<input type="checkbox"/> Cell Phone:
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**Spouse**

<input type="checkbox"/> Home Phone:	<input type="checkbox"/> Work Phone:	<input type="checkbox"/> Cell Phone:
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**E-MAIL ADDRESS:**

**Taxpayer**

E-mail:	Alt. E-mail:
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**Spouse**

E-mail:	Alt. E-mail:
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**REFERRAL INFO:**

Are you a new client? <input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>Yes</b> , referred by: _____
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**SERVICES:**

What Services can we assist you in?

<input type="checkbox"/> Tax Filings <input type="checkbox"/> Tax Planning <input type="checkbox"/> Tax Problem Resolution <input type="checkbox"/> Bookkeeping <input type="checkbox"/> Financial Planning/Investments
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