

Office use only: Drake: ___/___/___ by _____ OT: ___/___/___ by _____ Vest: ___/___/___ by _____

Tax Year 2017

Thank you for filling out this form. Having this information updated annually is **extremely important** for us. We need to be able to get in touch with you in case of **emergency situations** that force us to close the office unexpectedly. This information also helps us fill in your tax forms **more quickly**, and allows us to help monitor your **overall tax health**.

Date: _____

Client: _____ SS#: _____ DOB: _____

Spouse: _____ SS#: _____ DOB: _____

Other than yourself, who are you claiming for this tax year?

Dependent 1: _____ SS#: _____ DOB: _____

Dependent 2: _____ SS#: _____ DOB: _____

Dependent 3: _____ SS#: _____ DOB: _____

Home Phone: _____ Town You Live In: _____

Mailing Address: _____

Occupation:

Client: _____ Spouse: _____

Work Telephone:

Client: _____ Spouse: _____

Cell Phone:

Client: _____ Spouse: _____

Email:

Client: _____ Spouse: _____

Investments:

Do you think you might need or want help with any financial planning issues, such as long-term care, a retirement plan, life insurance, a trust, etc.? If yes, please indicate which:

Banking:

Bank name: _____

Account Number: _____ Routing Number: _____ Savings or Checking (circle one)