

Office use only: Drake: \_\_\_/\_\_\_/\_\_\_ by \_\_\_\_\_ OT: \_\_\_/\_\_\_/\_\_\_ by \_\_\_\_\_ Vest: \_\_\_/\_\_\_/\_\_\_ by \_\_\_\_\_

### Tax Year 2018

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: \_\_\_\_\_

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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: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_ Savings or Checking (circle one)