

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

### Tax Year 2019

Hey, we get it. You hate this form. BUT this information helps us fill in your tax forms more quickly, ensures that we have the most up to date information and allows us to help monitor your overall tax health. So please, fill it out for us. Thank you.

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: \_\_\_\_\_ Physical address: \_\_\_\_\_

Mailing Address: (if different)

Occupation: Client: \_\_\_\_\_ Spouse: \_\_\_\_\_

Work Phone: Client: \_\_\_\_\_ Spouse: \_\_\_\_\_

Cell Phone: Client: \_\_\_\_\_ Spouse: \_\_\_\_\_

Email: Client: \_\_\_\_\_ Spouse: \_\_\_\_\_

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	Client	Spouse
Do you have a Will:	Yes/No	Yes/No
Do you have a Trust:	Yes/No	Yes/No
Do you have Durable Financial Power of Attorney:	Yes/No	Yes/No
Do you currently have investments:	Yes/No	Yes/No
Do you currently have a retirement plan:	Yes/No	Yes/No
Do you have life insurance:	Yes/No	Yes/No
Are you concerned about nursing home expenses:	Yes/No	Yes/No
<b>Do you need help with any of the above issues?</b>	<b>Yes/No</b>	<b>Yes/No</b>

### H & R Pye's Tax and Accounting