

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

Tax Year 2020

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) _____

Client:

Occupation: _____

Work Phone: * _____

Cell Phone: * _____

E-mail: * _____

Spouse:

Occupation: _____

Work Phone: * _____

Cell Phone: * _____

E-mail: * _____

***If none, please write "none"**

	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

Do you need help with any of the above issues? Yes/No Yes/No

Have you changed banks since last year? If yes, please provide us with a copy of a check or membership card.