

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

OUTLOOK: \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_

Avantax: \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_

## Tax Year 2025

**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: \_\_\_\_\_

**Spouse:**

Occupation: \_\_\_\_\_

Work Phone: \* \_\_\_\_\_

Work Phone: \* \_\_\_\_\_

Cell Phone: \* \_\_\_\_\_

Cell Phone: \* \_\_\_\_\_

E-mail: \* \_\_\_\_\_

E-mail: \* \_\_\_\_\_

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

Do you have a Will:

**Client**

Yes/No

**Spouse**

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.**