|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Client Intake Form 2023**  **Information update.** | | | |  |  |  |
|  |  |  |  |  |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  |
| **Full Name & Occupation:** | |  |  |  |  | DOB | |  | Social Security# |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
| First | Middle | Last |  | Occupation |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  |
| **Spouse Name & Occupation:** | |  |  |  |  | DOB | |  | Social Security# |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
| First | Middle | Last |  | Occupation |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  |
| **Dependents Full Names & Relationship to Tax Payer:** | | |  |  | DOB | |  |  | Social Security# |
|  |  |  |  |  |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  |
| **Current Address:** | |  |  |  |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  |
| Street Number | |  | City |  | State | |  |  | Zip |
|  |  |  |  |  |  | |  |  |  |
| **Phone Numbers:** | |  |  |  |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  |
| ( ) | |  | ( ) | |  | |  |  |  |
| Home |  |  | Cell |  |  | | Email Address | |  |
|  |  |  |  |  |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  |
| **Comments:** | |  |  |  |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  |
|  | | | | | | | | |  |